

# EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES



## Employment Services Case Management Phase II

For New Family Independence  
Workers

Participant Guide



July 9, 2009

# Introduction to ES Classroom Training

## Participant Guide

OUTLINE  
INTRODUCTION

- Standards and expectations
- The values and beliefs that guide our work
- Your Responsibilities in Reporting Abuse and Neglect
- Family Centered Practice
- CFSR
- Final Evaluation Letter
- Helpful Websites

OUTLINE  
EMPLOYMENT SERVICES CLASSROOM TRAINING


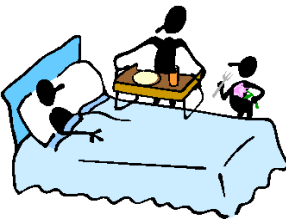


Day One	<p><b>Introduction</b></p> <ul style="list-style-type: none"><li>The values and beliefs that guide our work</li><li>Standards and expectations</li><li>Stages of Case Management</li><li>Concept of Family Centered Practice</li></ul> <p><b>Outreach: Letting People Know</b></p> <ul style="list-style-type: none"><li>Review of Work Requirements</li><li>Building Rapport</li><li>Customer Service Expectations</li><li>The TANF orientation</li><li>The engagement process</li></ul> <p><b>Applicant Assessment: Making a Connection, Receiving a Case</b></p> <ul style="list-style-type: none"><li>Employment Service Forms</li><li>Review of Applicant Services policy</li><li>The purpose of the applicant assessment, Form 490</li><li>Development of Interview Questions</li></ul>
Day Two	<ul style="list-style-type: none"><li>Role Play applicant assessment</li><li>Job readiness levels</li><li>Writing an applicant job search TFSP</li><li>SUCCESS: Keying the applicant assessment/Documentation</li></ul> <p><b>In-depth Family Assessment: Learning About the Family</b></p> <ul style="list-style-type: none"><li>The purpose of the ES Family Assessment/Form 491</li><li>Demonstration Role Play of Family Assessment</li><li>SUCCESS: Enter the Family Assessment/Documentation</li><li>Independent Study: Working with individuals with disabilities</li><li>Interview skill demonstration and practice</li></ul>
Day Three	<p>SUCCESS: Practice keying additional assessments</p> <p><b>TFSP Development: Case Disposition, Case Planning</b></p> <ul style="list-style-type: none"><li>Review of work activities</li><li>FLSA review and practice calculation</li><li>SMART goals</li><li>Writing the ongoing TFSP</li><li>Demonstration and practice</li><li>SUCCESS: Entering the TFSP/Documentation</li></ul>

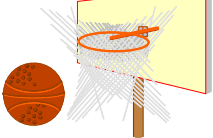

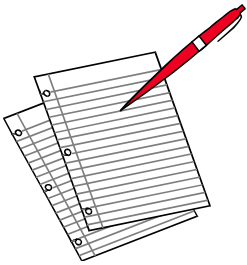


Day Four	<b>Resource Identification and Referral</b> Putting it all together Guidelines for referrals Group Discussion Review of support services EIS, TSS, WSP Explaining Transitional benefits to the client SUCCESS: Entering Support Services
Days Five and Six	<b>Continued Evaluation and Assessment</b> Progress Reviews Review participation requirements and counting of hours Deemed meeting Combining core and non-core activities Calculation and keying of hours Demonstration and practice role play of progress review SUCCESS: Complete review and key hours/Documentation Change reports: Closing a case, transitional benefits SUCCESS: Closing an activity, closing a case Conciliation Process Sanctions SUCCESS: Record non-cooperation, conciliation and sanction Conducting Case Staffings/Form 199 Family Team Meetings Performance Management
Day Seven	<b>The case management process</b> Independent study—beginning with applicant assessment and ending with case closure Debrief activity Review for Exam
Day Eight	<b>Exam</b> Closing

## OBJECTIVES FOR INTRODUCTION

- Participants will register and complete all necessary paperwork for the administration of the class
- Participants will meet other participants and trainer
- Participants will list their expectations of the Employment Services training and the trainer
- Participants will review an overview of topics trained in ES Training
- Participants will review the DHR Mission, Values and Goals
- Participants will review DFCS focus on building strong families and doing the right work the right way
- Participants will review and discuss information about their responsibility to report suspected child abuse and/or neglect to Child Protective Services (CPS)
- Participants will review and discuss information about their responsibility to report suspected adult abuse and/or neglect to the Division of Aging Services
- Participants will examine the values of Family Centered Practice (FCP)
- Participants will identify their contribution to successful outcomes for the Child and Family Service Review (CFSR)
- Participants will review the websites at which they can find more practice or additional help on their own.

# Training Information

<b>TRAINING SCHEDULE:</b> 	Training will begin at 9:00 a.m. and end at 4:00 p.m., with one hour for lunch and will include both morning and afternoon breaks. In addition to class time, the trainer is also available before and after class to answer questions. If multiple people need assistance, they will need to make an appointment with the trainer.
<b>LEAVE POLICY:</b> 	Please read the Education and Training Services Section "Classroom Standards, Expectations and Attendance Policy".  You will be responsible for obtaining the material missed in the event of absence. If you have excessive absences, it may not be possible to complete the course.
<b>INCLEMENT WEATHER:</b> 	In case of inclement weather, the decision of whether to hold training will normally be based on the facility where we are training.  If the weather is inclement in your area, please let your county and the trainer know that you will be absent.
<b>FLSA TIME SHEETS:</b>	During training, the trainer will NOT sign your time sheets. Your county should have instructed you on completion. Please make sure you annotate all absences from training on your time sheet. Also, please read the memo "FLSA Non-Exempt Employees Attending Required Training".
<b>MATERIAL:</b> 	During training, you will need the following material:  Policy notes from your internet training County specific ES information gathered during internet portion of this class Participant Manual Pens Note pads Calculator
<b>TRAINING AGENDA:</b>	Refer to the "Outline of Training" in the front of your Participant Guide (PG).

<p><b>GOALS FOR TRAINING:</b></p> 	<p>To reinforce and enhance policy knowledge with skill application, interview skills, and SUCCESS documentation.</p> <p>To address questions in any other areas identified by each participant.</p>
<p>  <b>STANDARD OF TRAINING:</b></p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>An 80% overall grade average is required in order to pass the course.</b></p> </div>
<p><b>EXAMS:</b></p> 	<p>There is one short answer assessment, which includes a information from the internet and classroom portions of the training.</p> <p>The assessment is application oriented, and open-book. All resources (Participant Guide, notes, etc.) may be used.</p>
<p><b>EXAM DATE:</b></p>	<p>_____</p>
<p><b>EVALUATIONS:</b></p> 	<p>A Final Evaluation will be sent to your county director at the end of training.</p> <p>A copy of this evaluation will be given/mailed to you as well. Refer to the sample copy of this evaluation in your Participant Guide.</p>
<p><b>CERTIFICATES:</b></p> 	<p>Upon completion of the classroom training, with an 80% average, you will be issued a certificate.</p> <p>40% of your final grade is based on your internet score, while 60% is based on your classroom score.</p>



# **EDUCATION AND TRAINING SERVICES SECTION**

## **DIVISION OF FAMILY AND CHILDREN SERVICES**

### **TRAINING PROGRAMS**

#### **CLASSROOM STANDARDS, EXPECTATIONS**

#### **AND ATTENDANCE POLICY**

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As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

*While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*

*DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*

*If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION AND TRAINING SERVICES SECTION**  
**DIVISION OF FAMILY AND CHILDREN SERVICES**  
**TRAINING PROGRAMS**  
**CLASSROOM STANDARDS, EXPECTATIONS**  
**AND ATTENDANCE POLICY**

**SIGNATURE PAGE**

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I, \_\_\_\_\_, have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MEMO**

Re: FLSA Non-Exempt Employees Attending Required Training  
May 1, 1995

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m. with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless the employee is specifically required to attend. Homework is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

## THE DEPARTMENT OF HUMAN RESOURCES SERVICE MODEL



### OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

### VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept "business as usual" – it's not good enough.
- Spend government money like it's our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.
- Deliver services as if we were not the only one who could do that work.

## Goals of DHR/DFCS Staff:



❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro-social behavior.

## **DFCS Focus: Develop Strong Families**

Developing strong families means:

- ☒ Ensuring safety, permanency and well-being for Georgia's children
- ☒ Keeping kids safe
- ☒ Keeping kids happy, healthy and learning with families and in their communities
- ☒ Keeping adults providing for their families by working, weighing options and learning to effectively problem solve
- ☒ Keeping the elderly healthy and connected to life affirming activities.

## **The Right Work the Right Way**

- ❖ Making our services faster, friendlier and easier to all Georgians
- ❖ Incorporating values into the work we do
- ❖ Building trust by showing genuine interest in learning about and understanding the family
- ❖ Engaging customers in the most effective and efficient way
- ❖ Focusing on the entire family unit to motivate, remove barriers and weight options
- ❖ Empowering customers with options that will provide positive outcomes and produce movement in their lives to help strengthen their families
- ❖ Working in unison with Social Service Case Managers and other organizations to secure the support and resources needed by our families.



## **YOUR RESPONSIBILITY IN REPORTING CHILD ABUSE OR NEGLECT (MR Policy Manual 2015)**

### **ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.**

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

### **ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.**

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview
- observing abusive action during the interview
- someone discloses information during the interview
- someone discloses information during a telephone call

### **IF IN DOUBT, REPORT - ALWAYS ERR ON THE SIDE OF THE CHILD**

CPS intake workers will screen all reports and determine whether to assign for investigation.

### **ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE**

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

### **INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL**

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem.

### **IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO REMAIN ANONYMOUS**

## CPS Referral Situations

**Situation 1:** Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four-year-old to stop crying. You notice he screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

**Action to be Taken:** Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

**Situation 2:** An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he got there your client was "out of it".

**Action to be Taken:** Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

**Situation 3:** A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

**Action to be Taken:** You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.

# PROTECTING CHILDREN

## The Division of Family and Children Services at Work

Every child needs to be treasured, protected and nurtured. Unfortunately, some parents can't — or won't — care for their children. When they neglect or abuse them, some one must step in to ensure the children's safety. The community, the police, the courts and state and local agencies share this responsibility.

In Georgia, the Division of Family and Children Services (DFCS) has a special role as the state agency designated to protect children and strengthen families.

Many people misunderstand, or do not know, how DFCS does its job. Here is the way Georgia's Child Protective Services system (CPS) works.

### Where do children go who must be removed from their homes?

If it is a crisis situation, the child may go to an emergency shelter. Then, about half of the children are placed with relatives and half with foster parents. DFCS evaluates all potential homes. Foster parents are screened and trained and receive financial aid to help with the cost of the child's care.

### Is there more child abuse and neglect now than in the past?

After reaching all-time highs nationwide in the early 1990s, reports have decreased significantly. Many families whose problems are poverty-related (lack of adequate clothing, food or housing) are referred by DFCS to community resources for the help they need, so they do not enter the CPS system. This allows DFCS to address the cases where actual abuse and neglect have occurred and to concentrate its efforts on the most troubled families.

### What rights do children have?

DFCS believes that children have the right to grow up in a stable home in a safe and healthy environment and not to be abused or neglected.

### What happens if a child is still being neglected or is abused again?

If conditions do not improve, DFCS may go to court to seek temporary custody of the child. If custody is granted, DFCS places the child in a safe environment (for example, with a relative or foster family) while continuing to work with the parents to help them resolve their problems.

### If the family does not improve, what is the next step?

DFCS petitions the court to terminate parental rights and make the child available for adoption.

### Does Georgia emphasize keeping the family unit together at all costs?

No. The most important consideration is the safety and protection of the child. Both state and federal laws have set clear guidelines for quicker termination of parental rights in cases where families show no improvement and to ensure that children remain in foster care no longer than necessary. For example, when parents refuse or repeatedly fail to complete drug treatment successfully or do not follow improvement goals, DFCS is required to develop a permanency plan for their children and seek early termination and adoption.



### If you think a child is being hurt or neglected whom do you call?

The Department of Family and Children Services is in every county. You simply call their local office and give them the name and location of the child. Your report is confidential. While you do not have to give your name to make a report, it can be more helpful for the child if you are willing to tell who you are and to testify in court if necessary. If you believe a child is in immediate danger, call the police. They will contact DFCS.

### What is considered child abuse or neglect?

- Physical abuse is injury to a child under age 18 by a parent or caretaker which results in bruises, welts, fractures, burns, cuts or internal injuries.
- Neglect is the failure of the parent or caretaker to see that a child is adequately supervised, fed, clothed or housed.
- Sexual abuse occurs when a parent or other adult uses a child under age 18 for sexual stimulation.

### What type of maltreatment is most reported?

Neglect makes up the bulk of the reports and the majority of substantiated cases. Lack of adult supervision is the most common type of neglect. Physical abuse is the next most reported and substantiated type of maltreatment, followed by sexual abuse.

### What happens when you call DFCS to report suspected abuse or neglect?

The worker first determines whether the call is about the maltreatment of a child under 18 by a parent or caretaker. Reports that fall within these guidelines are investigated by DFCS investigators, frequently along with the police.

The law requires DFCS to notify the police of every report. About 60 percent of the reports received require an investigation. The remainder are referred to other agencies, such as the local police, health department or school system for assistance.

### How soon after a report is made does the worker begin the investigation?

In-person response time ranges from within 24 hours to five days, depending on the nature of the allegation, the age of the child and the severity of the allegation.

### What happens in an investigation?

- Generally, the CPS worker
- checks other DFCS offices to see if there have been previous reports on this child or on the alleged perpetrator.
  - visits the child at home or school to observe and talk with him or her directly.
  - meets with the family to discuss the allegations.
  - talks with anyone who may have information about the child and the family situation, including relatives, neighbors, friends, school personnel, and physicians.
- The main concern throughout the investigation is the safety of the child.

### Once an investigation is completed, how does the worker make a decision?

There are two possible outcomes of an investigation. The report is substantiated or unsubstantiated.

- Substantiated** — means that more than half of the facts gathered indicate that the child has been abused or neglected.
- Unsubstantiated** — means that there is not enough evidence to prove that the child has been mistreated.

If a report is substantiated, does DFCS automatically remove the child from the home? No. A child may be taken from home by the police if he or she is in immediate danger. If there appears to be an ongoing risk to the child, DFCS may petition the juvenile court to remove the child.

Under what conditions may DFCS remove children who are not in immediate danger? If the CPS staff determine that it is not safe for a child to remain at home (for example, when very young children are left home alone), then DFCS will file a petition with the juvenile court for a hearing to decide whether the agency will be granted temporary custody.

### What happens to children who are left with their families after DFCS has confirmed abuse or neglect?

Families are rated as low-, moderate- or high-risk based on the nature and extent of their problems (substance abuse, no social support, violence). The most intensive services (more in-person visits by the case manager) are provided to the high-risk families as this has been shown to reduce repeat abuse and neglect. Case managers visit the family regularly and link them with other services to strengthen the family and address the causes of maltreatment.

### What kinds of services are offered to these families?

- referral for alcohol and drug treatment
- referrals for employment and child support
- parenting education
- counseling
- in-home parent aides
- child care

## ADULT PROTECTIVE SERVICES

***All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.***

***Calls that are Emergency Situations should be directed to contact... 911.***

Reports of abuse, neglect or exploitation of disabled adults or elder persons (**who are NOT residents of nursing homes or personal care homes**) should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Resources, Division of Aging Services.

### **APS Central Intake Unit Contact Information:**

- Toll-Free: (888) 774-0152
- Within Metro Atlanta local calling area: (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Resources, **Office of Regulatory Services or Long Term Care Ombudsman Program.**

### **Office of Regulatory Services Intake Contact Information:**

- Toll-Free: (800) 878-6442
- Within Metro Atlanta local calling area: (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

### **Long Term Care Ombudsman Program Contact Information:**

- Toll-Free: (888) 454-5826

### **Contact Information:**

Division of Aging Services  
Two Peachtree Street, NW  
Suite 9385  
Atlanta, Georgia 30303-3142

Phone: 404.657.5258  
Fax: 404.657.5285



## FAMILY CENTERED PRACTICE (FCP) MODEL



### Core Values

- Children need and deserve to grow-up safe, free, and protected from abuse and neglect.
- Children do best when they have strong families, preferably their own and when that is not possible, a stable relative, foster or adoptive family.
- All families need community support and genuine connections to people and resources.
- Families have the capacity to change with the support of individualized service responses.
- Government cannot do the job alone; community partnerships are essential to ensure child safety and build strong families.

## **CHILD AND FAMILY SERVICES REVIEW (CFSR)**



An outcome directed approach to protecting children. We must ensure that the following outcomes are met through regular and consistent contact and we must involve families in planning.

### **SAFETY**

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

### **PERMANENCY**

Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

### **WELL-BEING**

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.



**B. J. Walker, Commissioner**

Georgia Department of Human Resources • Division of Family and Children Services • Mark A. Washington, Assistant Commissioner Two Peachtree Street,  
Suite 19-490 • Atlanta, Georgia 30303-3142 • 404-651-8409 • 404-657-5105

**MEMORANDUM**

**TO:** XXXXXXXXX, Director  
XXXXXXX County DFCS

**FROM:** Paula Barton, Project Administrator

**DATE:**

**RE:** Final Evaluation of Participant in Employment Services Phase II New  
Worker Training from XXXXXXXX through XXXXXXXX

Below is a training evaluation for XXXXXXXXX, who attended this session of the Employment Services Training. Please be sure that the supervisor and employee receive a copy of this evaluation.

Should you have any questions about the evaluation, please call Jean Cheese at 404-657-9391.

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1 = Needs Improvement

2 = Meets Expectations

\_\_\_ Understands the general purpose of the job.

\_\_\_ Produces work of satisfactory quality.

\_\_\_ Produces work of satisfactory quantity.

\_\_\_ Displays appropriate organizational skills.

\_\_\_ Uses time appropriately in class.

\_\_\_ Is attentive in class.

\_\_\_ Adheres to rules and policies of class.

\_\_\_ Interacts appropriately with peers.

\_\_\_ Interacts appropriately with trainers.



Employment Services Phase II  
Page Two  
(Participant's Name)

**Assessment Scores:**

Internet XX%

Classroom XX%

**Final average of participant:**      **XX%**

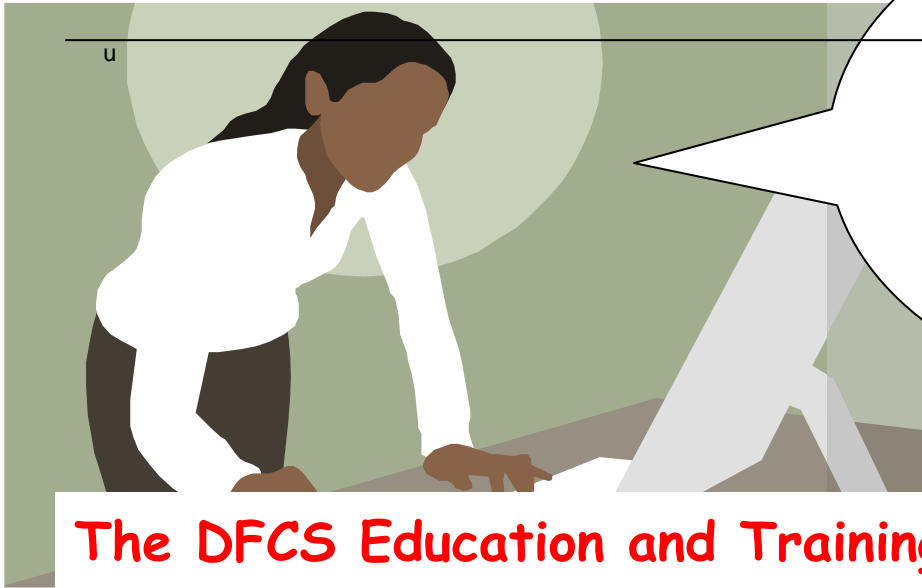
**Final average of class:**              **XX%**

**ATTENDANCE:**

Dates Absent

Times

**OTHER COMMENTS:**



Where can I find  
more practice or  
additional help that  
I can do on my  
own?

**The DFCS Education and Training Website at:**

[www.dfcs.dhr.georgia.gov/training](http://www.dfcs.dhr.georgia.gov/training)

- + Click on Case Managers
- + Click on New OFI Case Manager Training
- + Scroll down to Resource Library
- + Train Tracks, Job Aids and Self Studies are listed by program area

**OR**

**The DFCS Online Training at:**

[www.gadfcs.org/training](http://www.gadfcs.org/training)

- + Select the program area you would like to review
- + Select the stand-alone module or a module (book) you would like to review



# Outreach

## Letting People Know

### Participant Guide

**OUTLINE**

**OUTREACH, LETTING PEOPLE KNOW**

- Work requirement review
- Building Rapport
- Customer Service Expectations
- TANF Orientation
- Building Self-efficacy

## **OBJECTIVES**

### **OUTREACH, LETTING PEOPLE KNOW**

- Participants will review policy to identify work eligible individuals.
- Participants will examine the benefits of practicing excellent customer service.
- Participants will be able to plan an Employment Services Orientation.
- Participants will identify core conditions of a helping relationship.
- Participants will be able to describe events that will raise self-efficacy.

## WHO HAS A WORK REQUIREMENT?

### TANF Manual Section 1349

Every parent and grantee relative who is considered \_\_\_\_\_  
has a work requirement.

A non-parent relative or a legal guardian who is \_\_\_\_\_  
has a work requirement

A \_\_\_\_\_ parent who is head of the household or the spouse of the  
head of household has a work requirement.

A \_\_\_\_-recipient parent who lives with a child who receives TANF has a  
work requirement.

A Work Eligible Individual (WEI) is an adult who is receiving cash  
assistance under federally funded TANF or a Separate State Program  
for:

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### EXCEPTIONS:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

**EXCLUSION:** A parent who is caring for \_\_\_\_\_  
who lives in the home and for whom \_\_\_\_\_ for such assistance is  
supported by \_\_\_\_\_.

### ONE-TIME EXEMPTION

The only exemption to the work requirement is a three-month  
exemption for a \_\_\_\_\_ who is included in the AU  
and who has a child less than \_\_\_\_\_ in their care.

**EXCEPTION TO THE EXEMPTION**

A single custodial parent \_\_\_\_\_ age who has not completed \_\_\_\_\_ cannot receive this exemption. The parent must participate in education or alternate training activities as soon as it is deemed medically feasible following the birth of the child, but no later than when the child has attained 12 weeks of age.

This exemption is available to the single custodial parent for up to \_\_\_\_\_, as long as that child is \_\_\_\_\_ of age.

Once the parent receives up to three-months of work exemption for a particular child, the parent is ineligible for future work exemptions for \_\_\_\_\_ child. If the parent has \_\_\_\_\_ that is under 12 months of age, the parent may receive another exemption for \_\_\_\_\_.

**NOTE:** The total work activity exemption period for the single custodial parent cannot exceed \_\_\_\_\_ during the 48-months lifetime limit.

The case manager will schedule an appointment to discuss work activity participation for the parent during \_\_\_\_\_. At this time, the parent and the case manager will develop the TANF Family Service Plan, which will be effective the following month.

For recipients the exemption begins \_\_\_\_\_ the parent signs Form 489, TANF Work Requirement Exemption Form, requesting the exemption and ends the third month.

For applicants the exemption begins \_\_\_\_\_ to receive cash assistance.

**There is no exemption for either parent when both parents of the child are in the home.**



## **WORK REQUIREMENT EXERCISE**

In each of the following situations, indicate who will have a work requirement and if anyone is potentially eligible to take the exemption.

1. Missy is 19, she has a 3 month old baby. She has a GED but has never worked.
2. Nancy is 22, she has a 6 month old baby. She has no high school diploma or GED.
3. Betty is 18, she has two children, one 2 year old and one 3 weeks old. She has no high school diploma or GED.
4. Rita is 27, she receives TANF for herself and her nephew, age 5.
5. Thelma is 21, she receives TANF for her sister, age 16. Thelma is not included in the TANF assistance unit.
6. Janet is 33, she has two children ages 13 and 9. She is not included in the TANF with her children because she was convicted of a serious drug felony and is penalized.
7. Nora is 29, she is applying for TANF for herself and her child age 10. She also has a 13 year old child. This child receives SSI; Nora provides a doctor's statement that indicates this child must have a full-time caretaker in the home.
8. Angie is 23, she is applying for TANF for her baby who is 2 years old. Angie is not included in the TANF AU because she does not meet citizenship criteria.

**WORK REQUIREMENT EXERCISE CONTINUED...**

9. Yvonne is 42, she receives TANF for herself and her grandchildren ages 4 years and 6 months. She has no other income and is included in the TANF AU.
  
10. Beverly is 23. She is applying for TANF of herself and her child age 2. She is 8 months pregnant and had to leave her job due to complications with the pregnancy.

## **Experiencing Customer Service Exercise**

Think about the experiences you have had in your own life as a customer during the past few months (in any place: a store, restaurant, whatever).

**STEP ONE:** Please think about an example of bad service that you have received or have personally seen, the more horrible, the better. (If you you've lived a charmed life recently and can't think of an example please make one up.)

a) What did the person(s) do or not do that made it so awful or disappointing? Please be specific.

b) What should they have done differently?

**c) How can we use this in our own work?**

**STEP TWO:** Now please think about an example of excellent service that you have received or have personally seen. The more spectacular, the better. (If you can't think of one please make one up.)

a) What did the person(s) do or not do that made the service so exceptional? Please be specific.

**b) How can we use this in our own work?**

**PLANNING AN ORIENTATION MANUAL  
SECTION 1805-2**

Discuss the following questions in your small group:

- What is the goal of the TANF ES Orientation?
- What information should be shared during the TANF Orientation?

Develop an outline for a group orientation; write your outline on flipchart.

Present your ideas to the class.

# INTERVIEW SKILLS REVIEW

1. What are some of the “core conditions” that are necessary in any helping relationship?

2. What specific skills can we use to demonstrate that each of these conditions is present?

## Definition of self-efficacy:

### Self efficacy: How Do We Get It?

Events that raise self-efficacy	Events that lower self-efficacy
<ul style="list-style-type: none"><li>• Achievement</li><li>• Success</li><li>• High expectations</li><li>• Praise</li><li>• Encouragement</li><li>• Master something new</li><li>• See results of effort</li><li>• See relationship between effort, abilities, and achievement</li></ul>	<ul style="list-style-type: none"><li>• Repeated failures</li><li>• Low expectations</li><li>• Stereotyping</li><li>• Criticism, mockery</li><li>• Lack of successful role models</li></ul>

# Applicant Assessment

Making a Connection  
Receiving a Case

Participant Guide

OUTLINE  
APPLICANT ASSESSMENT  
MAKING A CONNECTION, RECEIVING A CASE

- Forms used in Employment Services
- Purpose of the applicant assessment
- Job readiness levels
- Interview skill demonstration and practice
- Writing an applicant job search TFSP
- Applicant job search requirements
- SUCCESS documentation of applicant activities



**OBJECTIVES  
APPLICANT ASSESSMENT**

- Participant will be able to identify the forms commonly used in Employment Services.
- Participant will be able to determine the purpose of an applicant assessment.
- Participant will be able to identify open-ended questions for the applicant assessment.
- Participants will be able to demonstrate giving positive feedback.
- Participants will be able to complete an applicant assessment.
- Participants will be able to describe the three levels of job readiness.
- Participants will be able to complete an applicant TFSP.
- Participants will demonstrate keying the applicant assessment on SUCCESS.
- Participants will be able to apply applicant services documentation requirements.

**EMPLOYMENT SERVICES FORMS**  
(Not an all inclusive list)

FORM NUMBER	FORM NAME	USE OF FORM
190	TANF Material Violation Conciliation Letter	To notify AU that an individual failed to meet certain program requirements, to schedule an appointment for conciliation & to document the resolution.
196	TANF Family Service Plan (TFSP)	To document the specific requirements of a client's Family Service Plan.
199	Employment Services Case Staffing	Documents client's ES progress in participation as discussed at case staffing.
205	Employment Intervention Services (EIS) Notification Form	Manual notice to notify an AU of eligibility for one time only cash assistance
206	Transitional Support Services (TSS) Notification Form	Manual notice to notify an AU when TSS is approved, denied or terminated.
207	Work Support Payments (WSP) Notification Form	Manual notice used to notify an AU of eligibility for WSP and termination of WSP and/or TSS
329	Disposition Notification - TANF Sanction	To notify AU of the imposition of a sanction to the TANF case.
482	Work Experience Agreement	To confirm a sponsorship agreement between a business or government entity and DFCS for a work experience placement.
490	Applicant Services Employment Assessment	Tool to collect information of a client's education, training, employment history, skills and interests.

**Applicant Assessment/Making a Connection, Receiving a Case**  
**Employment Services PG** **July 9, 2009**

FORM NUMBER	FORM NAME	USE OF FORM
491	Employment Services Family Assessment	More in-depth assessment of the client's family situation. Guides CM in looking at strengths and barriers to gaining and maintaining a job.
491a	TANF Work Readiness Assessment - ADA Addendum	Is completed with Form 491 when a client's disability is claimed or observed. Helps determine accommodations that might be needed.
492	Employment Services Communication Form	To share employment services related information with other agency staff.
495	Job Search Record	Documents a job-ready client's employer contacts in accordance with job search requirements.
516	Record of Attendance and Performance Report	Documents performance and attendance in the work activity to which a client has been assigned.
517	Record of School Attendance and Performance Report	Documents a client's performance and attendance in an education activity.

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Georgia Department of Human Resources  
Applicant Services Employment Assessment (Form 490)**

\_\_\_\_\_ County Department of Family and Children Services

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Client Name \_\_\_\_\_ Case Manager/Caseload \_\_\_\_\_

Client ID Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

TANF received for \_\_\_\_\_

Sanction Status: ☐ Yes ☐ No

Date(s) received: \_\_\_\_\_

Active CPS case: ☐ Yes ☐ No

Purpose of visit to DFCS: \_\_\_\_\_

Develop an open question related to the purpose for the visit.

Work History

Develop an open question related to the applicant's work history.

1. Are you currently working? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

If no, have you ever worked? ☐ Yes ☐ No

2. Who was your most recent employer? \_\_\_\_\_  
employer's name

\_\_\_\_\_  
employer's address

3. Date of most recent employment: \_\_\_\_\_ to \_\_\_\_\_.

4. How much did you make? \$ \_\_\_\_\_ (per hour/ week/ month – circle one)

5. What type of work did you do? \_\_\_\_\_

6. Why did you stop working? \_\_\_\_\_

7. What is the longest time that you had steady work? \_\_\_\_\_ Where? \_\_\_\_\_

8. Are you looking for a job now? ☐ Yes ☐ No  
If yes, is anyone or any organization helping you find a new job? ☐ Yes ☐ No  
If yes, who is it? \_\_\_\_\_

name, phone #/ address of person/organization

If no, what has kept you from getting a job? \_\_\_\_\_

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Job Training**

What other questions might help you determine job interests?

1. In what type of work are you interested? \_\_\_\_\_
2. Have you completed any training programs? ☐ Yes ☐ No (*if no, go to strengths/barriers*)  
If yes, list the name of training and date completed \_\_\_\_\_
3. If you are currently in training, where? \_\_\_\_\_  
name, location and dates of completion

**Strengths and Barriers**

1. What is the highest grade completed? \_\_\_\_\_  
high school or GED
2. Do you have a driver's license ☐ Yes ☐ No
3. Do you have dependable transportation? ☐ Yes ☐ No
4. Do you have computer skills? ☐ Yes ☐ No
5. Did you have difficulty in learning? ☐ Yes ☐ No
6. Did you have difficulty in reading? ☐ Yes ☐ No
7. Do you provide full time care for a dependent child or someone with a disability? ☐ Yes ☐ No
8. Are you the primary care-taker? ☐ Yes ☐ No
9. Do you or does anyone in your household have a past or present problem with drug or alcohol?  
☐ Yes ☐ No

Develop an open question about strengths.  
Develop an open question about barriers.

*If yes, explain:*

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10. Have you recently been turned down or lost a job due to criminal background? ☐ Yes ☐ No

*If yes, explain:*

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**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Applicant Services Employment Assessment (cont.)**

Assessment Disposition (Based on initial assessment following Job Readiness level was determined)

☐ Job-ready (up to 3 months)

Job search assigned: \_\_\_\_\_

☐ Near job-ready (up to 6 months)

Referred to: \_\_\_\_\_

☐ Not job-ready (up to 12 months)

The applicant claimed

\_\_\_\_\_

Referred to:

\_\_\_\_\_

Follow up scheduled for \_\_\_\_\_  
client's name

On \_\_\_\_\_ at: \_\_\_\_\_  
date time

In \_\_\_\_\_  
location

Case Manager's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
case manager's signature

\_\_\_\_\_  
date

## **JOB READINESS LEVELS**

**NOT JOB READY:** This level means that the client is not job ready now, and will likely not be job ready for 6 months to one year. During this time, the case manager will engage the client with services which will remove or significantly reduce major barriers to employment.

- Major mental/physical illness
- Long-standing, severe substance abuse requiring in-patient treatment
- Illiteracy that prevents employment
- Non-compliant / sanctioned

**NEAR JOB READY:** This level means that the client is not job ready now but can be job ready in three to six months. During this time, the case manager will engage the client with services that will remove or significantly reduce these minor barriers to employment.

- Substance abuse issues appropriate for short-term outpatient treatment / unable to pass drug screen
- Minor mental health illness or mental health illness treated with medication
- Functional impairment caused by severely low self-esteem or other issues
- Lack of child care
- Lack of reliable transportation
- Poor hygiene
- Lack of skills
- Treatable health issues

**JOB READY:** This level means that the client is ready to fully participate in activities that will lead to immediate employment. (Note – Based on the caseworker's judgment. Not all basic factors\* must be included. A combination of the basic factors for an individual would decide if that individual is job ready.)

- Motivated to work toward goal or motivated to avoid an unwanted circumstance
- Work history that would not deter being hired
- Basic factors\* in place – diploma/GED, reliable transportation, child care, can pass drug screen, physically fit for work (perhaps with accommodations)

### **Giving Positive Feedback**

1. Give directly to the person practicing.
2. Use appropriate voice volume, tone, eye contact, and body posture.
3. Maintain congruence between verbal and nonverbal messages.
4. Tell the person specifically what she or he did well.
5. Do not mix positive feedback with a "put-down".
6. Avoid the word "but".
7. Use "I statements"; describe the impact of specific behaviors on you.

### **Giving Suggestions for Change**

1. Give directly to the person practicing.
2. Use appropriate voice volume, tone, eye contact, and body posture.
3. Give positive feedback first, followed by suggestions for change.
4. Tell the person specifically how what she or he did had an impact on you ("I statements") and give concrete suggestions for change.
5. Give feedback that is specifically related to the skill(s) being practiced.

### **Receiving Feedback**

1. Agree with the feedback if you think it is accurate and helpful.
2. Maintain good eye contact.
3. Tell the observer how his/her feedback is helpful to you.
4. If you disagree with the feedback, accept it as an accurate indication of how the observer perceived what occurred. Ask for specifics if the feedback is too general.



## **DEMONSTRATION ROLE-PLAY**

### **Applicant Assessment**

Susan Jeffries, 28, is applying for TANF for herself and her child age 10. She recently lost her job at Griffin/Spalding EMC, she had worked there 10 years. She states she lost her job because there was not enough work for everyone and her new supervisor didn't like her. She received UCB for the maximum amount, but that has now ended and she is still unable to find a job. She does not know why she's having so much difficulty finding work. Her friend suggested she apply for TANF. She and her daughter live alone but they are about to lose the apartment because she's late with her rent.

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Georgia Department of Human Resources  
Applicant Services Employment Assessment (Form 490)**

**ANY** County Department of Family and Children Services

Case Name **Susan Jeffries** Case Number **XXXXXX121**  
Client Name **Susan Jeffries** Case Manager/Caseload \_\_\_\_\_  
Client ID Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

TANF received for **0** months Sanction Status: ☐ Yes ☐ No  
Date(s) received: never received Active CPS case: ☐ Yes ☐ No

Purpose of visit to DFCS: **I lost my job, I need help**

**Work History**

1. Are you currently working? ☐ Yes ☒ No  
If yes, where? \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
If no, have you ever worked? ☒ Yes ☐ No
2. Who was your most recent employer? **Griffin Spalding EMC**  
employer's name  
**Taylor Street**  
employer's address
3. Date of most recent employment: **January 1996** to **January 2006**
4. How much did you make? **14.50/hour** (per hour/ week/ month – circle one)
5. What type of work did you do? **Accounting, filing, office work**
6. Why did you stop working? **Got fired, not enough work for everyone**
7. What is the longest time that you had steady work? **10 years** Where? **EMC**
8. Are you looking for a job now? ☒ Yes ☐ No
9. If yes, is anyone or any organization helping you find a new job? ☐ Yes ☒ No
10. If yes, who is it? **N/A**  
name, phone #/ address of person/organization
11. If no, what has kept you from getting a job? **I don't know**

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Applicant Services Employment Assessment (cont.)**

**Job Training**

1. In what type of work are you interested? **Any, office work would be good**
2. Have you completed any training programs? ☐ Yes ☒ No (*if no, go to strengths/barriers*)  
If yes, list the name of training and date completed **N/A**
3. If you are currently in training, where? \_\_\_\_\_  
name, location and dates of completion

**Strengths and Barriers**

1. What is the highest grade completed? **Graduated HS**  
high school or GED college
2. Do you have a driver's license ☒ Yes ☐ No
3. Do you have dependable transportation? ☒ Yes ☐ No
4. Do you have computer skills? ☐ Yes ☒ No
5. Did you have difficulty in learning? ☐ Yes ☒ No
6. Did you have difficulty in reading? ☐ Yes ☒ No
7. Do you provide full time care for a dependent child or someone with a disability? ☐ Yes ☒ No
8. Are you the primary care-taker? ☐ Yes ☒ No
9. Do you or does anyone in your household have a past or present problem with drug or alcohol? ☐ Yes ☒ No

*If yes, explain:*

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10. Have you recently been turned down or lost a job due to criminal background? ☐ Yes ☒ No

*If yes, explain:*

11. Do you or does anyone in your household have a past or present Domestic Violence issue? ☐ Yes ☒ No

*If yes, explain:*

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Applicant Services Employment Assessment (cont.)**

Assessment Disposition (Based on initial assessment following Job Readiness level was determined)

☐ Job-ready (up to 3 months)

Job search assigned: \_\_\_\_\_

☐ Near job-ready (up to 6 months)

Referred to: \_\_\_\_\_

☐ Not job-ready (up to 12 months)

The applicant claimed

\_\_\_\_\_

Referred to:

\_\_\_\_\_

Follow up scheduled for \_\_\_\_\_  
client's name

On \_\_\_\_\_ at: \_\_\_\_\_  
date time

In \_\_\_\_\_  
location

Case Manager's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
case manager's signature

\_\_\_\_\_  
date

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**Georgia Department of Human Resources  
TANF FAMILY SERVICE PLAN (Form 196)**

ANY County Department of Family and Children Services

Case Name **SUSAN JEFFRIES** Case Type ☒ Initial ☐ Update  
Client Name **SUSAN JEFFRIES** Active CPS case ☐ Yes ☒ No  
Client ID Number **129856321** Months on TANF **0**  
Case Manager's Name/Load **P. Barton/ 654h**

**Section A: (Personal Responsibilities)**

- I understand that as a TANF applicant/recipient I must meet the following responsibilities that have been checked:
  - ☒ Attend parent/teacher conferences.
  - ☒ Ensure that minor dependent children attend school.
  - ☐ Attend parenting class.(IF SCHEDULED)
  - ☐ Attend financial management counseling class.
  - ☐ Attend life skills class.
  - ☐ Attend addictive diseases counseling/treatment sessions.
  - ☐ Attend mental health counseling/treatment sessions.
  - ☐ Participate in rehabilitation services.
  - ☐ Comply with a DFCS child welfare case plan as appropriate.
  - ☒ Attend family planning counseling sessions.
  - ☒ Meet my work requirements including requirements to develop my TANF Family Service plan.

**Section B: (Work Requirements)**

*If requirements in Section B are not applicable, please stop here and go to Section C.*

- I understand that **full-time, stable employment** is the ultimate goal of this service plan.
- I understand that TANF cash assistance is **limited to 48 months** in a lifetime for my family and me.
- I understand that I must participate in all identified activities specified in this section of the service plan. Failure to meet this requirement will lead to a conciliation/sanction for my family and me.
- I understand that the Division of Family and Children Services (DFCS) may help me with subsidized childcare. DFCS may also help me with other job-related expenses such as transportation.
- When I find a job, I will provide DFCS with the name of my employer, my job title, the number of hours I will work and my wages. If DFCS asks me for more information, I will provide the additional information by the deadline given by DFCS.
- I understand that if I quit a job without good cause, my cash assistance may be reduced/terminated .
- I understand that before imposing a sanction, DFCS will give me a chance to explain why I failed to meet the requirements of my TANF Family Service Plan.
- I understand that I will help to develop the Family Service Plan and that my case manager and I must discuss any changes to this plan before the changes are made.
- I understand that I am ultimately responsible to provide verification to DFCS of my participation in a work activity.

**Applicant Assessment/Making a Connection, Receiving a Case  
Employment Services PG** **July 9, 2009**

**TANF FAMILY SERVICE PLAN (cont.)**

**Phase ONE**

Employment Assessment Date: **XX/XX/20XX** Assessor **P. Barton**

Short-Term Goal: **FULL TIME EMP** Goal will be met by this date: **XX/XX/20XX**

Long-Term goal: **FULL TIME EMPLOYMENT** Months on TANF: **0**

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☐ Transportation ☐ Family Issues ☒ Personal ☐ DV/SA/MH ☐ Other

Explain: **MS JEFFRIES LOST HER JOB OF TEN YEARS, UNABLE TO PAY RENT**

Job Readiness Level: (Check one box)

**XX** Job-Ready (up to 3 months) ☐ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: (I) **Applicant Job Search**

(II) \_\_\_\_\_

(III) \_\_\_\_\_

Total hours per week **40**

Participant will: **Actively seek employment by making a minimum of 24 Job Contacts. Attend DOL workshop Monday XX/XX/20XX (date), at 9:00 (time). Keep a record of all job contacts on Form 495. Attend weekly progress reviews, the first of which will be on Monday (day of the week), xx/xx/20xx(date), at 9:00AM(time).**

Agency will: **Provide any incidentals needed to accept or maintain employment. Reimburse \$5.00 per day to help with transportation costs.**

Short-term goal begin date: **xx/xx/20xx** Short-term goal achievement date: **xx/xx/20xx**

\_\_\_\_\_

Client's Signature

Case Manager's Signature/Load

\_\_\_\_\_

Date

\_\_\_\_\_

Date

**Phase Completion Review**

**Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explain Progress: \_\_\_\_\_

{Check applicable box(es)}

☐ Job Readiness Level Change ☐ Activity Change/New plan ☐ Conciliation/Sanction

\_\_\_\_\_ Case Manager's Name/Load

**TANF FAMILY SERVICE PLAN (cont.)**

**Applicant Job Search Monitoring Guide**

During the job search monitoring process, the following questions should be considered:

- What positive things have happened during the client's job search?
- What resources did the client utilize to find the job leads?
- Is there any change in the job readiness level?
- Does the client expect to hear from any prospective employers?
- How soon might the client know the results from any interview?
- If the client was to be offered one of the jobs for which s/he applied, is there anything the client will need before being able to accept the job offer?
- Where else is the client planning to look for work?

Review date	# of Job Contacts	comments

**Additional comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Case manager' name and load number

\_\_\_\_\_ Date

**TANF FAMILY SERVICE PLAN (cont.)**

**Section C: (Signatures)**

Read and check off the statements below. By checking a statement, you indicate that you understand and agree with the statement.

- ☒ I have read and I understand my personal responsibilities as specified in section A.
- ☒ I have read, agreed to and understand my work requirements as specified in section B.
- ☒ I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- ☒ I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all changes made to this plan.
- ☒ I understand that if I do not meet the requirements specified in section A or in Section B of my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's signature

\_\_\_\_\_  
Date



# Applicant Assessment/Making a Connection, Receiving a Case Employment Services PG July 9, 2009

## Georgia Department of Human Resources JOB SEARCH RECORD (Form 495)

ANY County Department of Family and Children Services

Case Name SUSAN JEFFRIES Case Number \_\_\_\_\_  
 Client Name SUSAN JEFFRIES Case Manager/Caseload \_\_\_\_\_  
 Client ID Number \_\_\_\_\_ Case Manager Telephone ( ) \_\_\_\_\_

1. You must apply for **24** jobs during the next **THREE** weeks.
2. You must apply for any job your case manager tells you about.
3. You must keep all scheduled appointments with your case manager.
4. **XX** Your next scheduled appointment is **Monday, July 23** at **9AM**. Please bring this form with you. **BY THIS APPOINTMENT, YOU MUST HAVE MADE AT LEAST 8 JOB SEARCH CONTACTS. PLEASE NOTE THAT WE WILL BE FOLLOWING UP WITH THE EMPLOYERS TO VERIFY THE STATUS OF YOUR APPLICATION WITH THEM.**  
 Or  
☐ You must complete this form and return it to your case manager by \_\_\_\_\_.

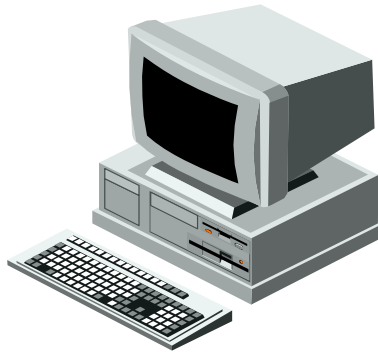
Employer Contact	Employer Contact
Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____	Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____
Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____	Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____
Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____	Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____
Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____	Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____
Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____	Company _____ Address _____ Date visited _____ Job type _____ Name/telephone# of contact person _____ _____ Result: Application filed ____ Hired ____ Not hiring ____

I understand that my failure to complete the required employer contacts may result in denial of my application or termination or sanction of my active case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

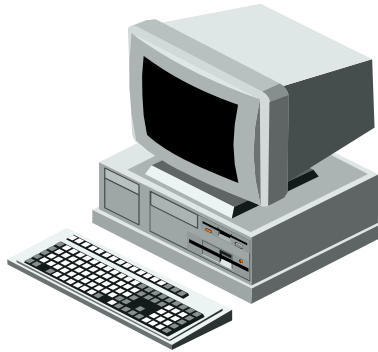
## **ENTERING APPLICANT ASM DATA**



During the application process, you will enter into SUCCESS the information related to applicant services. The trainer will walk through this process with you.

**Go to PAGE 8 in your SUCCESS Desk Guide.**

## **Independent SUCCESS Activity**



- Key orientation and applicant assessment information on Jenny Sheffield.
- Key orientation and applicant assessment information on Shantelle Washington.

## **EMPLOYMENT SERVICES PROCESS OVERVIEW**

### **CL. WILL DO AJS**

#### **First Appt. with CM:**

**Step 1:** Orientation

**Step 2:** Complete Applicant Assessment Form 490

**Step 3:** Complete initial TFSP (just addressing AJS activity) and provide client with Form 495, Job Search Record

**Step 4:** Schedule progress review

**Step 5 (SUCCESS):** Under "A" on ESME key orientation and assessment information on ESPR and document REMA. Under "C" on ESME, key required info on ESWP and enter remarks about what "participant will" and "agency will" do in terms of AJS.

#### **2<sup>nd</sup> and Subsequent Meetings with CM:**

**Step 6:** Monitor job search weekly and complete progress review at end of job search. At progress review, complete in-depth family assessment, Form 491 and complete ongoing TFSP.

**Step 7 (SUCCESS):** Under "A" on ESME, enter the date that you are completing the ongoing assessment on ESPR, and document REMA.

Under "C" on ESME, enter the rest of the steps for the TFSP completed at the progress review and document REMA appropriately.

**Step 8:** Close the AJS activity

### **CL. WILL NOT DO AJS**

#### **First appt. with CM:**

**Step 1:** Orientation

**Step 2:** Complete Applicant Assessment Form 490

**Step 3:** Complete in-depth family assessment, Form 491 and TFSP

**Step 4 (SUCCESS):** Under "A" on ESME key orientation and assessment information on ESPR and document REMA.

**Step 6 (SUCCESS):** Under "C" on ESME, close AJS activity if it was created when case was assigned. Remember to document why applicant was not required to job search.

Enter all of the steps for ESWP and enter remarks about what "participant will" and "agency will" do in terms of each activity created.

# In-depth Family Assessment

Learning about the  
Family

## Participant Guide

OUTLINE  
ASSESSMENT, LEARNING ABOUT THE FAMILY

- Purpose of the ES Family Assessment
- Assessing individuals with disabilities
- Interview skill demonstration and practice
- SUCCESS documentation of the family assessment

**OBJECTIVES  
IN-DEPTH FAMILY ASSESSMENT**

- Participants will be able to determine the purpose of the family assessment.
- Participants will examine the definitions of disability under the Americans with Disability Act.
- Participants will be able to identify job accommodations for a person with a disability.
- Participants will be able to complete a family assessment interview.

## **DEMONSTRATION ROLE-PLAY**

### **ES FAMILY ASSESSMENT**

Susan Jeffries did not get a job during applicant job search. During the AJS progress reviews, it was noted that she has difficulty going to interviews on time and fails to follow-up with potential employers. Also, her previous employer is unwilling to give her a reference.

See the Applicant Job Search Monitoring Guide that is attached. This was completed at each weekly meeting with Ms. Jeffries while she was doing job search.



**TANF FAMILY SERVICE PLAN (Form 196)**

**Applicant Job Search Monitoring Guide**

During the job search monitoring process, the following questions should be considered:

- What positive things have happened during the client's job search?
- What resources did the client utilize to find the job leads?
- Is there any change in the job readiness level?
- Does the client expect to hear from any prospective employers?
- How soon might the client know the results from any interview?
- If the client was to be offered one of the jobs for which s/he applied, is there anything the client will need before being able to accept the job offer?
- Where else is the client planning to look for work?

Review date	# of Job Contacts	comments
xx-xx-20xx	8	Ms. Jeffries stated job search is harder than she thought it would be.
xx-xx-20xx	8	She had an interview on xx-xx but since she was 5 minutes late, the employer decided not to interview her.

**Additional comments:** Ms. Jeffries does not sound very enthusiastic about this job search process. She said that it has been a long time since she has had to look for a job and it is not as easy as she thought it would be. CM encouraged her to do her best next week and perhaps something will open up for her. Reminded her of our appointment for xx-xx-20xx.

\_\_\_\_\_  
Case manager' name and load number

\_\_\_\_\_  
Date

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

Georgia Department of Human Resources

**EMPLOYMENT SERVICES FAMILY ASSESSMENT (Form 491)**

**ANY** County Department of Family and Children Services

Case Name Susan Jeffries Case Number XXXXXX105

Client Name Susan Jeffries Case Manager/Caseload \_\_\_\_\_

Client ID Number \_\_\_\_\_ Case Manager Telephone \_\_\_\_\_

Date \_\_\_\_\_

**Section I**

**Personal Information**

Susan Jeffries

Client's name

Home telephone # \_\_\_\_\_

Cell phone# \_\_\_\_\_

Client's current address \_\_\_\_\_

Contact person's name \_\_\_\_\_

Contact's phone# \_\_\_\_\_

Case manager \_\_\_\_\_

Caseload # \_\_\_\_\_

**Children**

Francie  
Name

10  
Age/DOB

Sam Bishop  
AP's name

NONE  
Child Support

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age/DOB

\_\_\_\_\_  
AP's name

\_\_\_\_\_  
Child Support

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age/DOB

\_\_\_\_\_  
AP's name

\_\_\_\_\_  
Child Support

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age/DOB

\_\_\_\_\_  
AP's name

\_\_\_\_\_  
Child Support

**General Information**

Do you have a permanent place to live? **XX** YES ☐ NO If no, explain: \_\_\_\_\_

Do you own your home? ☐ YES **xx** NO If yes, how much is the mortgage?  
\$ \_\_\_\_\_

Do you rent your home? **XX** YES ☐ NO If yes, how much is the rent?  
\$ \_\_\_\_\_

Do you share your home? ☐ YES **XX** NO If yes, with whom? \_\_\_\_\_

Does your residence limit your choices of employment? YES **XX** NO If yes, explain: \_\_\_\_\_

Names and relationship of all other household members: \_\_\_\_\_

Applicant Services Assessment Form, Form 490, indicates the client is currently receiving the following services:

☐ Employment Intervention Services ☐ Domestic Violence ☐ Mental Health ☐ Other

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Section II**

What, if anything, makes it difficult for you to get or keep a job? (check all that apply)					
<b>Family Barriers</b> <i>(Referrals to DV, Child Care and Social Services)</i>		<b>Transportation Barriers</b> <i>(Back-up transportation plan required)</i>		<b>Personal Barriers</b> <i>(Referrals to DTAE, DOL, NCTW, VR)</i>	
<b>XX</b>	Needs child care		Has no transportation		Has health problems
	Needs care for disabled family member		Has no auto insurance		Has difficulty working with hands
	Cares for disabled family member		Has an unreliable vehicle		Is unable to lift heavy objects
	Cares for elderly family member		Has no current driver's license		Lacks skills and/or training
	Has concern for child safety		Cannot drive		Has difficulty writing
	Family opposes attempt to attain self-sufficiency		Needs vehicle repairs		Has difficulty reading
			May lose license (court)		Has difficulty with math
			Driver's license is suspended		Needs special aids/tools
					Is unable to read/write English.
					Has difficulty speaking/understanding English
					Feels threatened
				<b>XX</b>	Feels depressed
				<b>XX</b>	Feels anxious
					Feels angry
					Severe emotional trauma
					Abuses drugs and/or alcohol
					Has legal problems

Employment Services worker's notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on individual information a referral is needed for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**SECTION III**

*(If the following questions were discussed in the applicant services employment assessment, do not ask here unless the issue requires further details)*

Have you ever had to pass a drug test to get a job? **XX** YES ☐ NO

If you had to take a drug test today, would you pass? **XX** YES ☐ NO

IN THE PAST TWELVE MONTHS ...	Yes	No
Have you sought help, been in treatment for, or attended a support group for alcohol or other drug use?		<b>XX</b>
If yes, was it voluntary or court-ordered? <i>(circle one)</i>		
Have you lost a job or been refused employment due to drug or alcohol use?		<b>XX</b>
Have you been in trouble with the law for drug-related problems?		<b>XX</b>
Have you sometimes not remembered things you said or did while you were drinking alcohol or using other drugs?		<b>XX</b>
Has a friend or family member, or anyone else told you that you drink alcohol or use drugs too much, or do you think you drink or use drugs too much?		<b>XX</b>
Do you fight or argue with others while under the influence of alcohol or drugs?		<b>XX</b>
Have you ever been to the emergency room or hospitalized as a result of alcohol or drug use?		<b>XX</b>
Do you think your spouse, partner or any other member of your household might have a problem with alcohol or other drugs?		<b>XX</b>
Are you interested in overcoming any problems with alcohol or drugs so you can become employed?		

**Employment services worker's notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on individual information referral is needed for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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A follow-up appointment is scheduled for \_\_\_\_\_ on \_\_\_\_\_  
 participant's name date  
 at \_\_\_\_\_.  
 location

☐ JOB-READY (*Placement time is up to 3 months from the date of assessment.*)

☐ NEAR JOB-READY (*Placement time is up to 6 months from date of assessment*)

☐ NOT JOB-READY (*Placement time is up to 12 months from the date of assessment*)

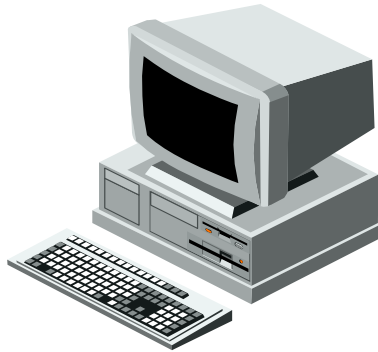
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Case manager's signature

---

Date

## ENTERING ES FAMILY ASSESSMENT DATA IN SUCCESS



Enter the assessment date, and the family assessment information you gathered for Susan Jeffries. The trainer will walk through the process with you.

**Turn to PAGE 17 in the SUCCESS Desk Guide.**

### **Independent Activity:**

Independently enter the assessment information for the role-plays we just completed on Shantelle Washington and Jenny Sheffield.

## **INDEPENDENT STUDY**

**Go to:** [www.odis.dhr.state.ga.us](http://www.odis.dhr.state.ga.us)

"Index"  
"Family and Children"  
"TANF"

- √ Read TANF policy manual section 1004.
- √ Review Form 491a and its instructions, in Appendix F of the TANF manual.

**Go to:** <http://www.jan.wvu.edu/>

- √ Read the information located on the "Job Accommodation Network", especially ideas for accommodation of various disabilities. Select a topic from the list below and be prepared to talk with the class about how it can be accommodated:
  - Alcoholism
  - Anxiety Disorders
  - Body odor
  - Chronic pain
  - Depression
  - Learning Disabilities
  - Lupus
  - Mental illness
  - Migraine Headaches

## **DEMONSTRATION ROLE-PLAY**

Ms. Kendra Batton is applying for assistance for herself and her two children Gary, age 6 and Richie, age 8. She has been trying to get disability benefits for two years but has not been approved. She was injured at her job at Owens Common Factory 2 years ago. She suffers neck and back pain as well as headaches. She received UCB and Worker's Compensation after her injury, but has no income at this time. Owens offered to have her come back to work, but she felt it would just be too difficult. She worked 12 hour shifts standing on a concrete floor. She has now exhausted all her income and resources. She has an attorney now and hopes to be approved for disability soon.



**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Georgia Department of Human Resources  
Applicant Services Employment Assessment (Form 490)**

ANY County Department of Family and Children Services

Case Name Kendra Batton Case Number XXXXXX124

Client Name Kendra Batton Case Manager/Caseload \_\_\_\_\_

Client ID Number \_\_\_\_\_ Telephone Number XXX-XXX-XXXX

TANF received for 0 months Sanction Status: ☐ Yes ☒ No

Active CPS case: ☐ Yes ☒ No Date: \_\_\_\_\_

Purpose of visit to DFCS: I don't have any money. I can't work because I'm sick. I'm waiting to get disability.

**Work History**

1. Are you currently working? ☐ Yes ☒ No

If yes, where? \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

If no, have you ever worked? ☒ Yes ☐ No

2. Who was your most recent employer? Owens Common  
employer's name

Herron Drive  
employer's address

3. Date of most recent employment: 1992 to 2004.

4. How much did you make? \$ 12.30/hour (per hour/ week/ month – circle one)

5. What type of work did you do? factory production line

6. Why did you stop working? too sick to work, back and neck pain due to work injury

7. What is the longest time that you had steady work? 12 years Where? Owens

8. Are you looking for a job now? ☐ Yes ☒ No

If yes, is anyone or any organization helping you find a new job? ☐ Yes ☒ No

If yes, who is it? \_\_\_\_\_  
name, phone #/ address of person/organization

If no, what has kept you from getting a job? too sick to work

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Applicant Services Employment Assessment (cont.)**

**Job Training**

1. In what type of work are you interested? \_\_\_\_\_
2. Have you completed any training programs? ☐ Yes ☐ No (*if no, go to strengths/barriers*)  
If yes, list the name of training and date completed \_\_\_\_\_
3. If you are currently in training, where? \_\_\_\_\_  
name, location and dates of completion

**Strengths and Barriers**

1. What is the highest grade completed? graduated HS \_\_\_\_\_  
high school or GED college
2. Do you have a driver's license ☐ Yes ☒ No
3. Do you have dependable transportation? ☐ Yes ☒ No
4. Do you have computer skills? ☐ Yes ☒ No
5. Did you have difficulty in learning? ☐ Yes ☒ No
6. Did you have difficulty in reading? ☐ Yes ☒ No
7. Do you provide full time care for a dependent child or someone with a disability? ☐ Yes ☒ No
8. Are you the primary care-taker? ☐ Yes ☒ No
9. Do you or does anyone in your household have a past or present problem with drug or alcohol?  
☐ Yes ☒ No

*If yes, explain:*

---

---

10. Have you recently been turned down or lost a job due to criminal background? ☐ Yes ☒ No

*If yes, explain:*

---

---

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Applicant Services Employment Assessment (cont.)**

Assessment Disposition (Based on initial assessment following Job Readiness level was determined)

☐ Job-ready (up to 3 months)

Job search assigned: \_\_\_\_\_

☐ Near job-ready (up to 6 months)

Referred to: \_\_\_\_\_

☐ Not job-ready (up to 12 months)

The applicant claimed

\_\_\_\_\_

Referred to:

\_\_\_\_\_

-

Follow up scheduled for \_\_\_\_\_  
client's name

On \_\_\_\_\_ at: \_\_\_\_\_  
date time

In \_\_\_\_\_  
location

Case Manager's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
case manager's signature

\_\_\_\_\_  
date

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Georgia Department of Human Resources  
EMPLOYMENT SERVICES FAMILY ASSESSMENT (Form 491)**

ANY County Department of Family and Children Services

Case Name Kendra Batton Case Number \_\_\_\_\_  
Client Name Kendra Batton Case Manager/Caseload \_\_\_\_\_  
Client ID Number \_\_\_\_\_ Case Manager Telephone \_\_\_\_\_

Date \_\_\_\_\_

**Section I**

**Personal Information**

Kendra Batton  
Client's name Home telephone # Cell phone#  
Client's current address Contact person's name Contact's phone#  
Case manager Caseload #

**Children**

<u>Richie Batton</u>	<u>8</u>	<u>Cedric Bolton</u>	<u>none</u>
Name	Age/DOB	AP's name	Child Support
<u>Gary Batton</u>	<u>6</u>	<u>Cedric Bolton</u>	<u>none</u>
Name	Age/DOB	AP's name	Child Support
Name	Age/DOB	AP's name	Child Support
Name	Age/DOB	AP's name	Child Support

**General Information**

Do you have a permanent place to live? ☒ YES ☐ NO If no, explain:  
Do you own your home? ☐ YES ☒ NO If yes, how much is the mortgage? \$ \_\_\_\_\_  
Do you rent your home? ☒ YES ☐ NO If yes, how much is the rent? \$ 0  
Do you share your home? ☐ YES ☒ NO If yes, with whom? \_\_\_\_\_  
Does your residence limit your choices of employment? ☐ YES ☐ NO If yes, explain:  
Names and relationship of all other household members: only my children live with me

Applicant Services Assessment Form, Form 490, indicates the client is currently receiving the following services:

☐ Employment Intervention Services ☐ Domestic Violence ☐ Mental Health ☐ Other

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Section II**

What, if anything, makes it difficult for you to get or keep a job? (check all that apply)					
<b>Family Barriers</b> <i>(Referrals to DV, Child Care and Social Services)</i>		<b>Transportation Barriers</b> <i>(Back-up transportation plan required)</i>		<b>Personal Barriers</b> <i>(Referrals to DTAE, DOL, NCTW, VR)</i>	
<input type="checkbox"/>	Needs child care	<input type="checkbox"/>	Has no transportation	<input checked="" type="checkbox"/>	Has health problems
<input type="checkbox"/>	Needs care for disabled family member	<input type="checkbox"/>	Has no auto insurance	<input type="checkbox"/>	Has difficulty working with hands
<input type="checkbox"/>	Cares for disabled family member	<input type="checkbox"/>	Has an unreliable vehicle	<input checked="" type="checkbox"/>	Is unable to lift heavy objects
<input type="checkbox"/>	Cares for elderly family member	<input type="checkbox"/>	Has no current driver's license	<input type="checkbox"/>	Lacks skills and/or training
<input type="checkbox"/>	Has concern for child safety	<input type="checkbox"/>	Cannot drive	<input type="checkbox"/>	Has difficulty writing
<input type="checkbox"/>	Family opposes attempt to attain self-sufficiency	<input type="checkbox"/>	Needs vehicle repairs	<input type="checkbox"/>	Has difficulty reading
<input type="checkbox"/>		<input type="checkbox"/>	May lose license (court)	<input type="checkbox"/>	Has difficulty with math
<input type="checkbox"/>		<input type="checkbox"/>	Driver's license is suspended	<input type="checkbox"/>	Needs special aids/tools
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Is unable to read/write English.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Has difficulty speaking/understanding English
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels threatened
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels depressed
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels anxious
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Feels angry
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Severe emotional trauma
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Abuses drugs and/or alcohol
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Has legal problems

Employment Services worker's notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on individual information a referral is needed for:

\_\_\_\_\_

\_\_\_\_\_

# In-depth Family Assessment, Learning About the Family Employment Services PG July 9, 2009

## SECTION III

*(If the following questions were discussed in the applicant services employment assessment, do not ask here unless the issue requires further details)*

Have you ever had to pass a drug test to get a job? ☐ YES **XX** NO

If you had to take a drug test today, would you pass? **XX** YES ☐ NO

IN THE PAST TWELVE MONTHS ...	Yes	No
Have you sought help, been in treatment for, or attended a support group for alcohol or other drug use?		<b>XX</b>
If yes, was it voluntary or court-ordered? <i>(circle one)</i>		<b>XX</b>
Have you lost a job or been refused employment due to drug or alcohol use?		<b>XX</b>
Have you been in trouble with the law for drug-related problems?		<b>XX</b>
Have you sometimes not remembered things you said or did while you were drinking alcohol or using other drugs?		<b>XX</b>
Has a friend or family member, or anyone else told you that you drink alcohol or use drugs too much, or do you think you drink or use drugs too much?		<b>XX</b>
Do you fight or argue with others while under the influence of alcohol or drugs?		<b>XX</b>
Have you ever been to the emergency room or hospitalized as a result of alcohol or drug use?		<b>XX</b>
Do you think your spouse, partner or any other member of your household might have a problem with alcohol or other drugs?		<b>XX</b>
Are you interested in overcoming any problems with alcohol or drugs so you can become employed?		

**Employment services worker's notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on individual information referral is needed for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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Date

**In-depth Family Assessment, Learning About the Family  
Employment Services PG** **July 9, 2009**

**Georgia Department of Human Resources  
TANF WORK READINESS ASSESSMENT – ADA ADDENDUM**

ANY County Department of Family and Children Services

Case Name Kendra Batton Case Number \_\_\_\_\_  
Client Name \_\_\_\_\_ Case Manager/Caseload \_\_\_\_\_  
Client ID Number \_\_\_\_\_ Case Manager Telephone ( ) \_\_\_\_\_

---

**If the work readiness assessment indicates the TANF client may have a disability that is covered under the ADA, answer the questions below.**

1. When did the client's disability begin? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

2. How will the client's disability make it hard for him/her to complete the required work activities?

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3. Does the client's disability make it hard for him/her to walk, see, hear, talk, work, concentrate, sleep, learn, or take care of him/herself?

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4. Is the client working now? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how does the client's disability make it hard for him/her to work?

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If no, how has the client's disability made it hard for him/her to get a job? How hard has it been for the client to keep a job?

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5. Has the client's disability changed recently? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how has it changed?

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**Georgia Department of Human Resources  
TANF WORK READINESS ASSESSMENT – ADA ADDENDUM**

6. Describe how the client's disability makes it hard for him/her to do things everyday at home and at other places. Does the client need other people to help him/her to do things? If yes, please document. Does the client need more help than s/he used to? If yes, document.

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7. Document what you can do to help the client do the things listed in his/her work plan.

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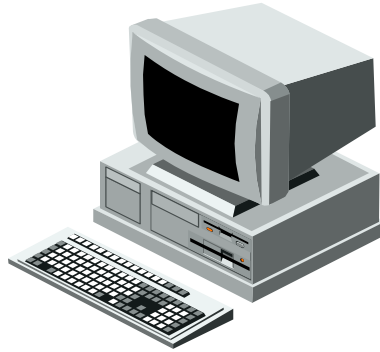
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\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**INDEPENDENT SUCCESS ACTIVITY:**



Referring to your SUCCESS Desk Guide for Employment Services, enter all assessment information you have so far on Maria Sanford and Evelyn Crawford.

# TFSP Development

Case Disposition  
Case Planning

## Participant Guide

**OUTLINE  
TFSP DEVELOPMENT:  
CASE DISPOSITION, CASE PLANNING**

- Review of work activities
- Setting goals, SMART goals
- Fair Labor Standards Act
- Writing the ongoing TFSP—demonstration and practice
- SUCCESS documentation of the TFSP

**OBJECTIVES  
TFSP DEVELOPMENT:  
CASE DISPOSITION, CASE PLANNING**

- Participants will be able to list the requirements of each ES work activities.
- Participants will be able to calculate FLSA hours for work experience and community service.
- Participants will be able to describe "SMART" goals.
- Participants will be able to summarize the components of a well-written TFSP.
- Participants will be able to complete a TFSP with a client's input.
- Participants will be able to complete a TFSP on SUCCESS.
- Participants will be able to demonstrate SUCCESS documentation requirements for the TFSP.

## **INDEPENDENT STUDY**

- Review the General Guidelines for Work Activities found at 1820-13 through 49.
- Complete the “Work Activities Review” chart found on PG-4 through PG-6 using TANF Policy Manual Section 1820.

**WORK ACTIVITY REVIEW**

For each of the following activities, determine if the activity is core, non-core, or other. Describe the activity, including any time limits or special requirements. List client requirements for each activity, including what defines satisfactory progress.

<b>Activity</b>	<b>Core, non-core, other</b>	<b>Description Any required forms?</b>	<b>Client requirements</b>
Unsubsidized employment			
Work experience			
Job Search/Job Readiness			
Vocational training			
GED			
High school			

<b>Activity</b>	<b>Core, non-core, other</b>	<b>Description Any required forms?</b>	<b>Client requirements</b>
Mental health Counseling/ treatment			
Addictive disorder treatment			
Job skills training			
Life Skills Training			
Parenting skills training			



ESL			
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## SMART Goals

- S**     **Specific** - they should be clear and easily understood by the individual. Avoid jargon and acronyms.
- M**     **Measurable** - they should be stated to include those specific measures so the individual knows when they have reached their goal. Use action-oriented verbs.
- A**     **Attainable**- they should not be set too high or too low and should be stated positively.
- R**     **Realistic** - they should be related directly to the strengths and weaknesses of the individual and their situation. All obstacles should be identified and anticipated. The client has access to, or can gain access to, the resources needed to accomplish it. Goals should be consistent with agency values and client interests and values.
- T**     **Time and Resources Constrained** - they should indicate a specific date and time by which the goals should be achieved as well as the resources to be used. The benefits outweigh the costs.

### Activities: A Checklist

- ✓ Does it clearly state the action?
- ✓ Is it measurable and verifiable?
- ✓ Can it be readily understood by those who must attain it?
- ✓ Does it specify a time frame?
- ✓ Is it realistic and attainable?

## EXAMPLES OF SMART GOALS

Short-Term Goal	Activity
To arrange child care for my pre-schooler, and first grader by Monday.	To schedule an appointment with the CCR&R by Monday, April 9th.
Mr. Laws will get a job in the construction field by June 1.	To sign-up at the Union Hall by Friday, May 2nd.
Mr. and Mrs. Brown will attend parenting classes to improve their parenting skills.	To enroll in parenting classes at the Anywhere Community Center prior to July 1.
Jenny Johnson will get a High School Diploma by the end of Spring Semester 1998.	To reenroll at Somewhere High School for the Fall Semester by August 21, the first day the term begins.
To receive unemployment benefits for the month of May.	To apply for Unemployment benefits tomorrow morning.
To seek professional counseling from the County Counseling Service by April 15 for her fear of leaving the house.	To phone the County Counseling Service by tomorrow morning to schedule an appointment with a therapist.
To obtain steady transportation by the end of her probationary period, September 30th, so she does not lose her job.	To explore the possibility of car pooling with coworkers by the end of her next scheduled work day, September 25th.

**TANF FAMILY SERVICE PLAN (cont.) [Form 196]**  
**SUSAN JEFFRIES CLIENT ID XXXXXXXXXX**

Phase Two

New Assessment Date: 9/30/06

Assessor: Ima Worker

Short-Term Goal: Prepare for employment, seek FT employment Date Goal Accomplished: 10/31/06

Long-Term goal: FT Clerical position

Months on TANF: 0, new approval

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☒ Transportation ☐ Family Issues ☐ Personal ☐ DV/SA/MH ☐ Other

Explain: Ms. Jeffries needs additional time to look for work and gain work experience

Job Readiness Level: (Check one box)

☒ Job-Ready (up to 3 months) ☐ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: (I) WORK EXPERIENCE 19 HOURS PER WEEK (see attached for details)

(II) JOB Skills Training 20 HOURS PER WEEK

(III) FULL TIME EMPLOYMENT

Total hours per week: 39

Participant will SEE ATTACHED

Agency will SEE ATTACHED

Short-term goal begin date: 11/01/06

Short-term goal achievement date: 11/30/06

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Case Manager's Signature/Load

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Phase Completion Review

Date: \_\_\_\_\_

Months on TANF: \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explanation of progress: \_\_\_\_\_

{Check applicable box(es)}

☐ Job Readiness Level Change

☐ Activity Change/New plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load

**Work Experience**

Participant will

- Arrive on time
- Complete: **19** hours per week at DFCS office on each scheduled workday next month
- Submit monthly attendance record to Case Manager.
- Receive satisfactory job rating from work site supervisor each month.
- Meet with case manager for progress review as requested.
- Apply for child care assistance

Agency will

- Reimburse child care costs to approved provider up to state limits.
- Reimburse client \$5 per day for transportation for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

TANF Allotment    \$( 235 ) / \$7.25    = 32.41

+ FS Allotment    \$( 323 ) / \$7.25    = 44.55

Maximum hours for WPU activity per month: **76.96**

**Job Skills Training**

Participant will

- Arrive on time.
- Complete : **20** hrs/week at site on each scheduled day of class.
- Submit monthly attendance record to Case Manager.
- Receive satisfactory attendance and training rating from site supervisor each month.
- Meet with case manager for progress review as requested.
- Apply for childcare assistance Y/N (   ).

Agency will

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from work site (   ) OR reimburse client \$5 per day (   ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

**Employment**

Participant will

- Maintain employment for: **40** hours per week.
- Notify Case Manager of any changes in employment status.
- Verify work hours and wages upon request.

Agency will

- Monitor employment, hours worked, and wages.
- Provide support services as needed to maintain employment
- Provide transitional benefits upon closure of TANF because of wages.

**TANF FAMILY SERVICE PLAN (cont.)**

**Section C: (Signatures)**

Read and check off the statements below. By checking a statement, you indicate that you understand and agree with the statement.

- ☒ I have read and I understand my personal responsibilities as specified in section A.
- ☒ I have read, agreed to and understand my work requirements as specified in section B.
- ☒ I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- ☒ I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all changes made to this plan.
- ☒ I understand that if I do not meet the requirements specified in section A or in Section B of my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's signature

\_\_\_\_\_  
Date

**TFSP Development: Case Disposition, Case Planning  
Employment Services PG**

**July 9, 2009**

**Georgia Department of Human Resources  
Applicant Services Employment Assessment**

\_\_\_\_\_ PILOT \_\_\_\_\_ County Department of Family and Children Services

Case Name \_Cady Nash\_\_\_\_\_ Case Number \_XXXXXXXXXXXXXX\_\_\_\_\_

Client Name \_Cady Nash\_\_\_\_\_ Client's birth date \_07/07/1980\_\_\_\_\_

Client's ID #: \_123456789\_\_\_\_\_ Case Manager/load S Mart # 111 CM \_\_\_\_\_

TANF received for 8 months Sanction Status: ☐ Yes ☒ No

Active CPS case: ☒ Yes ☐ No Application date: \_07/31/06\_\_\_\_\_

**Purpose of visit to DFCS:**

The client states DFCS removed her children from her home in 03/06. They are back in home now. C/S she does not have any regular source of income, neither does she have a stable place to live. Currently she and her children are living with her mother, Stephanie Oliver. \_\_\_\_\_

**Work History**

1. Are you currently working? ☐ Yes ☒ No

If yes, where? \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

If no, have you ever worked? ☒ Yes ☐ No

2. Who was your most recent employer? She had worked as unlicensed Hair Technician in the past.  
Employer's name and address

3. Date of most recent employment: From: N/A. Client stated she was braiding people's hair around the housing complex to earn some money when she dropped out of high school and got pregnant. She was married when she was 17 years old, and stopped doing hair because her husband, Robert was working and supporting her. \_

4. How much did you make? \$\_80.00 to \$100.00 circle one: (per hour/ week/**month**)

5. What type of work did you do? Hair braiding\_\_\_\_\_

6. Why did you stop working? Client states she stopped working because at that time her spouse was working.

7. What is the longest time that you had steady work? \_\_\_\_\_ N/A \_\_\_\_\_ Where? \_\_\_\_\_ N/A \_\_\_\_\_

8. Are you looking for a job now? ☐ Yes ☒ No

If yes, is anyone or any organization helping you find a new job? ☐ Yes ☒ No

If yes, who is it? \_\_\_\_\_

Name, phone #/ address of person/organization

If no, what has kept you from getting a job?

She stated that the only thing that she is worried about right now is being able to keep her girls and have their own place that is safe. She stated she would like a job but right now she doesn't know how she can do it all.

**Applicant Services Employment Assessment (cont.)**

**Job Training**

1. In what type of work are you interested? Hair Technician \_\_\_\_\_
2. Have you completed any training programs? ☐ Yes ☒ No (if no, go to strength and barriers)
- If yes, list the name of training and date completed
3. if you are currently in training, where? \_\_\_\_\_ N/A \_\_\_\_\_  
Name, location and dates of completion

**Strengths and Barriers**

1. What is the highest grade completed? \_\_9<sup>th</sup>\_\_\_\_\_  
high school or GED college
2. Do you have a driver's license ☒ Yes ☐ No
3. Do you have dependable transportation? ☐ Yes ☒ No
4. Do you have computer skills? ☐ Yes ☒ No
5. Did you have difficulty in learning? ☐ Yes ☒ No
6. Did you have difficulty in reading? ☐ Yes ☒ No
7. Do you provide full time care for a dependent child or someone with a disability? ☐ Yes ☒ No
8. Are you the primary care-taker? ☒ Yes ☐ No
9. Do you or does anyone in your household have a past or present problem with drug or alcohol? ☒ Yes ☐ No

*If yes, explain:* Client stated her husband Robert and she were heavy drinkers. She stated they fight when they get drunk. She and her children are living with her mother. Client stated since March 2006, when her children were removed from her home by DFCS, she has cut out drinking. She has participated in a residential treatment program for substance abuse. She is still attending outpatient classes three times a week. The client stated she is working w/ her CPS worker. She also indicated that she has been working w/ Ms. Stephani at Safe Homes on their domestic violence issues.

10. Have you recently been turned down or lost a job due to criminal background? ☐ Yes ☒ No

*If yes, explain:* \_\_\_\_\_



Applicant Services Employment Assessment (cont.)

Assessment Disposition (Based on initial assessment following Job Readiness level was determined)

☐ Job-ready (up to 3 months)

Job search assigned

:

☒ Near job-ready (up to 6 months)

Referred to: The applicant was determined "Near Job Ready", job search was waived to assist Ms. Nash in addressing the barriers that have been identified. The client was referred to the housing authority to start the process of finding her own place. The client was referred to the ES worker to begin work on the Employment Service Family Assessment (491) and Service Plan (196). The case manager needs to meet with CPS case manager before approving the case and completing TFSP.

☐ Not job-ready (up to 12 months)

The applicant claimed

Referred to:

Follow up scheduled for Cady Nash client's name

On 8/4/06 at: 9:30 am  
date time

In Pilot County DFCS office location

Case Manager's Comments:

Ms. Nash is determined near job ready.

Agency's action:

Authorization for release signed and faxed to treatment facility and DV assessor.

Information shared w/ ES CM who will follow up w/ CPS worker and treatment facility.

Follow up appointment for Mrs. Nash with ES CM is on 08/04/06.

TANF application pended.

Referred to Housing authority

S. Mart  
Case manager's name / signature

7/31/06  
date

Georgia Department of Human Resources  
EMPLOYMENT SERVICES FAMILY ASSESSMENT

\_\_\_Pilot\_\_\_ County Department of Family and Children Services

Case Name Cady Nash Case Number XXXXXXX  
Client Name Cady Nash Case Manager/Caseload S. Mart # CM 111  
Client ID Number XXXXXXXXX Case Manager Telephone 714-505-0555

\*\*\*\*\*

Date 08/04/06

Section I

Personal Information

Cady Nash 044- 004-0004 777-111-9991  
Client's name Home telephone # Cell phone#  
123 Cross lamp Tr. Augustine GA Stephanie Oliver 766-222-9992  
Client's current address Contact person's name Contact's phone#  
S Mart 666 CM  
Case manager Caseload #

Children

<u>Keisha Nash</u>	<u>4 years</u>	<u>Robert Nash</u>	<u>None</u>
Name	Age/DOB	AP's name	Child Support
<u>Mae Nash</u>	<u>7 years</u>	<u>Robert Nash</u>	<u>None</u>
Name	Age/DOB	AP's name	Child Support
Name	Age/DOB	AP's name	Child Support
Name	Age/DOB	AP's name	Child Support

General Information

Do you have a permanent place to live? ☒ YES ☒ NO If no, explain: **Client states she is living with her mother's house and wants to find her own stable place to live.**  
Do you own your home? YES ☒ NO If yes, how much is the mortgage? \_\_\_\_\_  
Do you rent your home? YES ☒ NO If yes, how much is the rent? \$ \_\_\_\_\_  
Do you share your home? ☒ YES NO If yes, with whom? **with her mother** \_\_\_\_\_  
Does your residence limit your choices of employment? YES ☒ NO If yes, explain: \_\_\_\_\_

Names and relationship of all other household members: Stephanie Oliver - mother  
**Ms. Nash stated her husband, Robert Nash no longer lives with her and children.**

Applicant Services Assessment Form, Form 490, indicates the client is currently receiving the following services:

Employment Intervention Services ☒ Domestic Violence Mental Health ☒ Other  
**Substance abuse treatment, Domestic Violence Assessment through CPS.**

Section II

What, if anything, makes it difficult for you to get or keep a job? (check all that apply)					
Family Barriers <i>(Referrals to DV, Child Care and Social Services)</i>		Transportation Barriers <i>(Back-up transportation plan required)</i>		Personal Barriers <i>(Referrals to DTAE, DOL, NCTW, VR)</i>	
X	Needs child care	X	Has no transportation		Has health problems
	Needs care for disabled family member		Has no auto insurance		Has difficulty working with hands
	Cares for disabled family member		Has an unreliable vehicle		Is unable to lift heavy objects
	Cares for elderly family member		Has no current driver's license	X	Lacks skills and/or training
	Has concern for child safety		Cannot drive		Has difficulty writing
	Family opposes attempt to attain self-sufficiency		Needs vehicle repairs		Has difficulty reading
X	History of verbal abuse		May lose license (court)		Has difficulty with math
X	History of physical abuse		Driver's license is suspended		Needs special aids/tools
X	Housing				Is unable to read/write English.
					Has difficulty speaking/understanding English
					Feels threatened
					Feels depressed
				X	Feels anxious
					Feels angry
				X	Severe emotional trauma (CHILDREN)
				X	Abuses drugs and/or alcohol
					Has legal problems

Employment Services worker's notes: \_\_\_\_ Client states her children were removed by DFCS from her home in March 2006. She has complied with the case plan and has been cooperating with her services case manager . Both children were placed back with her on July 28<sup>th</sup> 2006. She applied for TANF on July 31, 2006. Children's father (her husband) Robert Nash does not live with her. They were separated in 01/05. She indicated that she is still working w/ Ms. Stephanie at Safe Homes to resolve DV issues and that Robert is also working on these issues. ES CM has discussed w/ DV assessor that Cady has applied TANF . DV assessor is completing a TANF DV assessment for the case record. DV assessor and ES CM verbally determined that no waiver is required at this time. ES CM and client discussed her current participation in substance abuse treatment which is further explained on the next page. Mental health counselor is also working with the children to deal with the changes that have occurred in their family.

Based on individual information a referral is needed for:

- **Transportation**
- **Child care assistance**
- **Housing with Section 8**

### SECTION III

*(If the following questions were discussed in the applicant services employment assessment, do not ask here unless the issue requires further details)*

Have you ever had to pass a drug test to get a job? YES X NO

If you had to take a drug test today, would you pass? X YES NO

IN THE PAST TWELVE MONTHS ...	Yes	No
Have you sought help, been in treatment for, or attended a support group for alcohol or other drug use?	X	
If yes, was it <b>voluntary</b> or court-ordered? ( <i>circle one</i> ) <b>CPS case plan</b>		
Have you lost a job or been refused employment due to drug or alcohol use?		X
Have you been in trouble with the law for drug-related problems?		X
Have you sometimes not remembered things you said or did while you were drinking alcohol or using other drugs?	X	
Has a friend or family member , or anyone else told you that you drink alcohol or use drugs too much, or do you think you drink or use drugs too much?	X	
Do you fight or argue with others while under the influence of alcohol or drugs?	X	

Have you ever been to the emergency room or hospitalized as a result of alcohol or drug use?		X
Do you think your spouse, partner or any other member of your household might have a problem with alcohol or other drugs?	X	
Are you interested in overcoming any problems with alcohol or drugs so you can become employed?	X	

Employment Services Worker's notes:      **Client states she has a history of alcohol abuse that contributed to violent argument with her spouse. Several times police was called. In 03/06 her children were removed from her home by DFCS, but they have been placed back to live with her now. The client has completed a SA residential treatment program. She is currently participating in an out patient program for SA and Domestic Violence as part of her CPS case plan.**

Based on individual information referral is needed for: **see page 2 for referral information.**

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**FOLLOW UP NOTES: 08/04/06**

ES case manager met with CPS case manager on 08/03/06 to discuss Cady Nash's case. Ms. CPS confirmed Ms. Nash has attended a residential substance abuse program for 6 weeks. She is currently enrolled in mental health counseling out patient program at Integrated Life Services. She is regularly meeting with DV assessor as scheduled. Ms. CPS states children have been placed back with the mother. The family does not seem to be at immediate risk. CPS is closely monitoring her participation. ES case manager will keep CPS case manager informed of the family's activities and participation. This client has an appointment with DV assessor on 08/11/06.

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     **08/09/06: TFSP completed. TANF approved.**

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Based on individual information a referral is needed for: see above

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**Disposition:**

A follow-up appointment is scheduled for **Cady M Nash** (*to complete TFSP*) on **08/09/06**  
date participant's name

at     **Pilot County DFCS**    \_\_\_\_\_.

location

According to individual information, Cady Nash is determined to be:

**JOB-READY** (*Placement time is up to 3 months from the date of assessment.*)

**XX** NEAR JOB-READY (*Placement time is up to 6 months from date of assessment*)

NOT JOB-READY (*Placement time is up to 12 months from the date of assessment*)

**S. Mart**

Case manager's signature

08/04/06

Date \_\_\_\_\_

Georgia Department of Human Resources  
TANF FAMILY SERVICE PLAN

Pilot County Department of Family and Children Services

Case Name Cady Nash Case Type ☒ Initial ☐ Update  
Client Name Cady Nash Active CPS case ☒ Yes ☐ No  
Client ID Number XXXXXXXXXXXXXX Months on TANF 08  
Case Manager's Name/Load S. Mart # 111CM Case Manager's Phone Number: 7/-411-1234

**Section A: (Personal Responsibilities)**

- I understand that as a TANF applicant/recipient I must meet the following responsibilities that have been checked:
  - ☒ Attend parent/teacher conferences.
  - ☒ Ensure that minor dependent children attend school.
  - ☐ Attend parenting class.(IF SCHEDULED)
  - ☒ Attend financial management counseling class.
  - ☐ Attend life skills class.
  - ☒ Attend addictive diseases counseling/treatment sessions.
  - ☒ Attend mental health counseling/treatment sessions.
  - ☐ Participate in rehabilitation services.
  - ☒ Comply with a DFCS child welfare case plan as appropriate.
  - ☐ Attend family planning counseling sessions.
  - ☒ Meet my work requirements including requirements to develop my TANF Family Service plan.

**Section B: (Work Requirements)**

*If requirements in Section B are not applicable, please stop here and go to Section C.*

- I understand that **full-time, stable employment** is the ultimate goal of this service plan.
- I understand that TANF cash assistance is **limited to 48 months** in a lifetime for my family and me.
- I understand that I must participate in all identified activities specified in this section of the service plan. Failure to meet this requirement will lead to a conciliation/sanction for my family and me.
- I understand that the Division of Family and Children Services (DFCS) may help me with subsidized childcare. DFCS may also help me with other job-related expenses such as transportation.
- When I find a job, I will provide DFCS with the name of my employer, my job title, the number of hours I will work and my wages. If DFCS asks me for more information, I will provide the additional information by the deadline given by DFCS.
- I understand that if I quit a job without good cause, my cash assistance may be reduced/terminated .
- I understand that before imposing a sanction, DFCS will give me a chance to explain why I failed to meet the requirements of my TANF Family Service Plan.
- I understand that I will help to develop the Family Service Plan and that my case manager and I must discuss any changes to this plan before the changes are made.
- I understand that I am ultimately responsible to provide verification to DFCS of my participation in a work activity.

TANF FAMILY SERVICE PLAN (cont.)

Phase 1

Employment Assessment Date: 8/6/06 Assessor: S.  
Mart

Short-Term Goal: Maintain Family Stability Goal will be met by this date: 10/31/06

Long-Term goal: Home Health Care Months on TANF:  
8

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☒ Transportation ☒ Family Issues ☐ Personal ☒ DV/SA/MH ☐ Other

Explain: Ms. Nash needs transportation to participate in activity. Housing is a family issue. Ms. Nash is in counseling for Domestic Violence and Substance Abuse.

Job Readiness Level: (Check one box)

☐ Job-Ready (up to 3 months) ☒ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: (I) Participate in Substance Abuse Outpatient Treatment 18 hours per week

(II) Attend Domestic Violence Counseling 2 hours per week

(III) Obtain Housing

(IV) Work Experience 20 hours per week at Substance Abuse Treatment Center

Total hours per week 40

Participant will attend substance abuse treatment as scheduled. Maintain sobriety. Attend domestic violence counseling weekly. Follow-up with application for housing and Section 8. Ms. Nash will participate in work experience as scheduled. Submit attendance sheets for substance abuse and work experience bi-weekly by 5:00 pm Monday. Overall performance must be satisfactory.

Agency will arrange for transportation and assist with child care. Monitor participation and attendance in assigned activities. Communicate with case managers in related programs including CPS.

Short-term goal begin date: 8/7/06 Short-term goal achievement date: 11/3/06

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Case Manager's Signature/Load

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Phase Completion Review

Date: \_\_\_\_\_

Months on TANF: \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explain Progress:

☐ Job Readiness Level Change

☐ Activity Change/New plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load



TANF FAMILY SERVICE PLAN (cont.)

**Applicant Job Search Monitoring Guide**

During the job search monitoring process, the following questions should be considered:

- What positive things have happened during the client's job search?
- What resources did the client utilize to find the job leads?
- Is there any change in the job readiness level?
- Does the client expect to hear from any prospective employers?
- How soon might the client know the results from any interview?
- If the client was to be offered one of the jobs for which s/he applied, is there anything the client will need before being able to accept the job offer?
- Where else is the client planning to look for work?

Review Date	# of Job Contacts	Comments

Additional comments: 08/04/06 Applicant Job Search Waived. The client was determined Near Job Ready

S. Mart

Case manager' name and load number

08/04/06

Date

**TANF FAMILY SERVICE PLAN (cont.)**

Phase II

New Assessment Date: 10/27/06

Assessor: Ms. Smart

Short-Term Goal: Prepare for Employment

Date Goal Accomplished:

Long-Term goal: Home Health Care Provider

Months on TANF: 11

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☒ Transportation ☐ Family Issues ☐ Personal ☒ DV/SA/MH ☐ Other

Explain: Gain knowledge and skills necessary for employment. As Home Health Care Provider

Job Readiness Level: (Check one box)

☐ Job-Ready (up to 3 months) ☒ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: **(I) Participate in 7 hours per week of work experience at Spring Hill Home Health Agency.**

**(II) Attend 30 hours per week at Middle Georgia Tech: enrolled in CNA program**

**(III) Attend 3 hours per week in Alcoholics Anonymous meetings at Methodist Church**

Total hours per week: **WPU: (7), VOC (30), SAI (3)=40**

Participant will **Attend CNA classes as scheduled and maintain 2.0 average; Participate in work experience 7 hours per week as scheduled and maintain satisfactory performance; Attend 3 Alcoholics Anonymous meetings per week (3 hours total). Call case manager with questions or concerns and communicate with other case managers in related programs, including CPS. Submit attendance sheets to case manager bi-weekly by Monday at 5:00 pm;**

Agency will **Provide childcare assistance, transportation, books, school supplies, and other incidentals as needed; case manager will monitor attendance at work site and school progress**

Short-term goal begin date: 11/6/06

Short-term goal achievement date: 12-29-06

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Case Manager's Signature/Load

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Phase Completion Review**

**Date:** \_\_\_\_\_

**Months on TANF:** \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explanation of progress:

☐ Job Readiness Level Change

☐ Activity Change/New plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load

**TANF FAMILY SERVICE PLAN (cont.)**

**Monthly Review Phase** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded ☐ Satisfactory ☐ Unsatisfactory

Explain Progress:

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\_\_\_\_\_ (Check applicable boxes)

☐ Job readiness level change ☐ Activity Change/New Plan ☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

**Monthly Review Phase** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded ☐ Satisfactory ☐ Unsatisfactory

Explain Progress:

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\_\_\_\_\_  
(Check applicable boxes)

☐ Job readiness level change ☐ Activity Change/New Plan ☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

**Monthly Review Phase** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded ☐ Satisfactory ☐ Unsatisfactory

Explain Progress::

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\_\_\_\_\_  
(Check applicable boxes)

☐ Job readiness level change ☐ Activity Change/New Plan ☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

**TANF FAMILY SERVICE PLAN (cont.)**

**Monthly Review Phase** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explain Progress:

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*(Check applicable boxes)*

☐ Job readiness level change

☐ Activity Change/New Plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

**Monthly Review Phase** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explain Progress:

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*(Check applicable boxes)*

☐ Job readiness level change

☐ Activity Change/New Plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

**Monthly Review Phase** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Months on TANF:** \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explain Progress:

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*(Check applicable boxes)*

☐ Job readiness level change

☐ Activity Change/New Plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name /Load

**TANF FAMILY SERVICE PLAN (cont.)**

Phase III

New Assessment Date: na

Assessor: Ms. S. Mart

Short-Term Goal: **Maintain self sufficiency**

Goal will be met by: 01/31/07

Long-Term goal: **Home Health Care**

Months on TANF: 14

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☒ Transportation ☐ Family Issues ☐ Personal ☐ DV/SA/MH ☒ Other

Explain: Child Care assistance

Job Readiness Level: (Check one box)

☒ Job-Ready (up to 3 months) ☐ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: (I) **Job Search 8 hours a day, 40 hours a week**

(II) **Full-time employment**

Total hours per week: 40

Participant will : **actively seek employment, make daily contact with the casemanager to report job search results. Accept suitable offer of employment. Report employment within 24 hours of acceptance. Work with DFCS Job coach to secure employment and continue advancement post-TANF.**

Agency will: **Monitor job search daily, assist with support service, provide post-TANF job coach service.**

Short-term goal begin date: 01/02/07

Short-term goal achievement date: 1/31/07

Cady Nash  
Client's Signature

S. Mart  
Case Manager's Signature/Load

08/04/06  
Date

08/04/06  
Date

**Phase Completion Review**

Date: \_\_\_\_\_

Months on TANF: \_\_\_\_\_

☐ Exceeded

☐ Satisfactory

☐ Unsatisfactory

Explanation of progress:

{Check applicable box(es)}

☐ Job Readiness Level Change

☐ Activity Change/New plan

☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load

**TANF FAMILY SERVICE PLAN (cont.)**

Section C: (Signatures)

Read and check off the statements below. By checking a statement, you indicate that you understand and agree with the statement.

- ☒ I have read and I understand my personal responsibilities as specified in section A.
- ☒ I have read, agreed to and understand my work requirements as specified in section B.
- ☒ I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- ☒ I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all changes made to this plan.
- ☒ I understand that if I do not meet the requirements specified in section A or in Section B of my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.

**Cady Nash**

Participant's Signature

**08/04/06**

Date

**s. Mart**

Case Manager's signature

**08/04/06**

Date

**Daily Schedule of Activities**

Day	Schedule
Monday	8:00AM
	9:00AM
	10:00AM
	11:00AM
	12:00PM
	1:00PM
	2:00PM
	3:00PM`
	4:00PM
	5:00PM
Tuesday	8:00AM
	9:00AM
	10:00AM
	11:00AM
	12:00PM
	1:00PM
	2:00PM
	3:00PM`
	4:00PM
	5:00PM
Wednesday	8:00AM
	9:00AM
	10:00AM
	11:00AM
	12:00PM
	1:00PM
	2:00PM
	3:00PM`
	4:00PM
	5:00PM
Thursday	8:00AM
	9:00AM
	10:00AM
	11:00AM
	12:00PM
	1:00PM
	2:00PM
	3:00PM`
	4:00PM
	5:00PM
Friday	8:00AM
	9:00AM
	10:00AM
	11:00AM
	12:00PM
	1:00PM
	2:00PM
	3:00PM`
	4:00PM
	5:00PM

## WORK ACTIVITY DETAILS

### Unsubsidized Employment

Participant will:

- Maintain employment for: \_\_\_\_\_ hours per week.
- Notify Case Manager of any changes in employment status.
- Verify work hours and wages upon request.
- Apply for child care assistance Y/N ( )

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from employment ( ) or reimburse client \$5 per day ( ) for each day worked.
- Monitor employment, hours worked, and wages.
- Provide support services needed upon prior approval as funds are available.
- Provide transitional benefits upon closure of TANF because of wages.

### Work Experience

Participant will:

- Arrive on time
- Complete: \_\_\_\_\_ hours per week at work site on each scheduled workday.
- Submit monthly attendance record to Case Manager.
- Receive satisfactory job rating from work site supervisor each month.
- Meet with case manager for progress review as requested.
- Apply for child care assistance Y/N ( ).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from work site ( ) OR reimburse client \$5 per day ( ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

TANF Allotment     \$(            ) / \$6.55 = : \_\_\_\_\_  
+ FS Allotment     \$(            ) / \$6.55 = : \_\_\_\_\_  
Maximum hours for WPU activity per month : \_\_\_\_\_



## **Vocational school**

Participant will:

- Participate in the activity for: \_\_\_\_\_ hours per week.
- Submit monthly attendance record to Case Manager.
- Maintain a 2.0 Grade Point Average, a "C" average, each quarter.
- Verify class schedule and academic standing each quarter.
- Meet with case manager for progress review as requested.
- Apply for child care assistance Y/N ( ).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from school ( ) OR reimburse client \$5 per day ( ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

## **High school**

Participant will:

- Attend all scheduled classes for: \_\_\_\_\_ hours per week.
- Submit monthly attendance record to Case Manager.
- Maintain academic progress as defined by school policy.
- Meet with case manager for progress review as requested.
- Apply for child care assistance Y/N ( )

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from employment ( ) OR reimburse client \$5 per day ( ) for each day school attended.
- Provide other support services as needed upon approval as funds are available.

## **GED**

Participant will:

- Attend all schedule classes for: \_\_\_\_\_ hours per week.
- Submit monthly attendance record to Case Manager.
- Verify academic progress of at least one grade level per Qtr of attendance
- Meet with case manager for progress review as requested.
- Apply for child care assistance Y/N ( )

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from school ( )OR reimburse client \$5 per day ( ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

## **Job Search**

Participant will:

- Actively seek employment by making a minimum: \_\_\_\_ job contacts/week.
- Submit complete Job Search Record to Case Manager as required.
- Register with DOL/
- Accept any suitable job offer and notify Case Manager immediately.
- Apply for child care assistance Y/N ( )
- Request any support services needed to accept or maintain

Agency will"

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from job search ( ) OR reimburse client \$5 per day ( ) for each day of participation.
- Provide other support services as needed upon prior approval as funds are available to assist client in obtaining employment.

## **Job Skills Training**

Participant will:

- Arrive on time.
- Complete: \_\_\_\_\_ hrs/week at site on each scheduled day of class.
- Submit monthly attendance record to Case Manager.
- Receive satisfactory attendance and training rating from site supervisor.
- Meet with case manager for progress review as requested.
- Apply for childcare assistance Y/N ( ).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from work site ( ) OR reimburse client \$5 per day ( ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

## **Substance Abuse Treatment**

Participant will:

- Attend all scheduled classes at treatment center.
- Submit monthly attendance record to Case Manager.
- Complete the program satisfactorily as determined by the center staff.
- Submit to drug/alcohol screening.
- Meet with case manager for progress review as requested.
- Apply for child care assistance Y/N ( ).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from treatment center ( ) OR reimburse client \$5 per day ( ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

## **Mental Health Treatment**

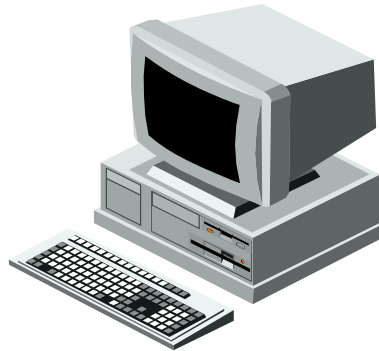
Participant will:

- Arrive on time.
- Complete: \_\_\_\_\_ hrs/week at site on each scheduled day of treatment.
- Submit monthly attendance record to Case Manager.
- Receive satisfactory attendance and training rating from site supervisor.
- Meet with case manager for progress review as requested.
- Apply for childcare assistance Y/N ( ).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from work site ( ) OR reimburse client \$5 per day ( ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

## INDEPENDENT SUCCESS ACTIVITY



Referring to your SUCCESS Desk Guide, create work plans on SUCCESS for each of the situations you role played (Jenny Sheffield/Maria Sanford **OR** Shantelle Washington/Evelyn Crawford).

**Everyone will key two work plans.**

Remember to follow the documentation requirements.

**EMPLOYMENT SERVICES SCREENS AND DOCUMENTATION REQUIREMENTS**

<b>ESME Selection "A"</b>	<b>ESME Selection "C"</b>
ESPR : See next page	ESPR: See next page
ESAS: none	ESWP: Date of TFSP (reference form on file in CR; phase, long & short term goals, supporting activities, & job readiness level; FLSA calculation (done at each review and update); completion of "agency will" and "participant will" and support services provided.
ESAD: none	ESAC: all info related to referral, enrollment, participation, and progress in activity; contacts related to progress; receipt of attendance or job search logs; receipt of class schedule/copy of diploma or other school info; info re: non-compliance and if good cause granted; if activity is delayed for good cause (doc. Dates and reason); negotiation of sponsor agreements; explanation when hours entered does not reflect hrs. of participation due to deemed meeting or other reasons.
ESWH: none	ESSN: none
ESSN: none	ESDC: none
	ESSS: type of support service needed; when expenditure is exhausted for participation period; payment of TSS, EIS, or WSP; verification method for payment of SS; tracking of EIS, TSS, or WSP.
	ESNO: failure to meet program requirement; if conciliation appt. kept; result of conciliation; social services notified; date of panel review for 12 mo. Closure sanction.

## **DOCUMENTATION STANDARDS FOR ESPR**

All contacts regarding participation – applicants and recipients.

Brief notes regarding all appointments – applicants and recipients.

### **ESPR documentation that is specific to applicants:**

- TANF application date
- TANF clock
- Form 490 and Form 491 completion date(s) – forms to be on file
- Job readiness level (brief documentation to support determination of job readiness level and changes in job readiness level. (i.e. work history, criminal background, etc.)
- Assigned applicant job search period
- Support services requested by client (Need for child care, transportation, and incidentals. Issuance to be documented at ESSS)
- Progress review for applicant job search
- All referrals to providers for other services/resources, including transitional FS and CC.
- Application outcome (approved, withdrawn, denied). If denied / withdrawn, document reason.

### **ESPR documentation that is specific to recipients:**

- TFSP reviews. If changes, enter additional documentation at ESWP.
- All referrals to providers for other services/resources, including transitional FS and CC
- Absentee information (Also needs to be on NARR per Sect. 1820)

# Resource Identification and Referral

## Participant Guide

**OUTLINE**

**RESOURCE IDENTIFICATION AND REFERRAL**

- Review of Support Services
- Transitional Benefits
- Entering Support Services into SUCCESS



## OBJECTIVES

### RESOURCE IDENTIFICATION AND REFERRAL

- Participant will be able to identify support services for applicants.
- Participants will be able to identify support services for recipients.
- Participants will be able to describe EIS, TSS and WSP benefits to a client.
- Participants will be able to complete data of support services on SUCCESS.

## INDEPENDENT STUDY

- Read Section 1830 of policy and **stop** when you get to Employment Intervention Services

### Instructor led discussion

- Read the rest of Section 1830

### Instructor led discussion

- Go to [www.dfcs.dhr.georgia.gov/training](http://www.dfcs.dhr.georgia.gov/training)
  - Click on “Casemanagers”
  - Click on “New Office of Family Independence (OFI) Training
  - Scroll down to Resource Library and open it
  - Select the “Work Support Program” PowerPoint and go through it.

## **Support Services for Applicants**

IF	THEN
the applicant has a full time job AND is temporarily on unpaid leave due to his/her temporary illness, or illness of an AU member AND is scheduled to return to work within four months AND meets the gross income ceiling (GIC) test	The applicant can receive EIS OR The applicant can receive TANF
The applicant obtains employment during the application process AND The employment causes the AU to be eligible for less than the maximum amount of cash assistance AND The applicant declines to receive cash assistance to preserve months of potential TANF eligibility	The applicant can receive EIS OR The applicant can receive TSS OR The applicant can receive TANF
The applicant obtains employment during the application process AND The employment causes the AU to be ineligible for cash assistance	The applicant can receive TSS  The applicant CANNOT receive EIS, TANF, or WSP.
The applicant is employed at the time of application (not obtained after application) AND The employment causes the AU to be eligible for less than the maximum amount of cash assistance AND The applicant declines to receive cash assistance to preserve months of potential TANF eligibility	The applicant can receive EIS OR The applicant can receive TSS OR The applicant can receive TANF

**Note:** If an applicant is determined ineligible to receive TANF benefits ongoing, s/he will not be considered eligible to receive EIS.

## **Support Services for Recipients**

IF	THEN
The recipient obtains employment of less than 30 hours per week AND The employment causes the AU to be eligible for less than the maximum amount of cash assistance	The recipient can receive TSS OR The recipient can receive TANF  This recipient cannot receive WSP
The recipient obtains employment of 30 or more hours per week AND The employment causes the AU to be eligible for less than the maximum amount of cash assistance	The recipient can receive TSS AND The recipient can receive WSP OR The recipient can receive TANF
The recipient obtains employment AND The employment causes the AU to be ineligible for cash assistance	The recipient can receive TSS AND The recipient can receive WSP
The recipient is employed AND Receiving TANF, AND The loss of earned income disregards causes the AU to be ineligible	The recipient can receive TSS AND The recipient can receive WSP
The recipient becomes ineligible for cash assistance due to unearned income	Some support services may be provided for a period not to exceed 90 days. The services include payment for transportation and incidentals.  See ESS Manual page 1830-14

The recipient does NOT have to be participating in the ES program when s/he obtains employment. Recipients who were caring for a disabled family member or taking the one-time exemption, or were in the 25% sanction reduction at the time of employment may receive the same services. Caretakers who are receiving TANF benefits only for their children (i.e. ineligible aliens, lawbreakers CANNOT receive TANF, EIS or WSP. Lawbreakers may be provided with support services from State funds. (1830-17)

## **Explaining Support Services to Your Clients**

Write a statement of explanation that would be helpful in explaining EIS and TSS to an applicant:

Write a statement explaining the WSP to a recipient whose case is closing due to employment:

**Practice  
Transitional Benefits**

For each of the following situations, explain what options the applicant or recipient will have at the time of this change.

1. Wilma applies for TANF because she is pregnant. She has a full-time job but she is not paid for maternity leave. She expects to go back to her job in 3 months.
2. Earlene applies for TANF and obtains a job during applicant job search. The job will cause her to receive only \$25 in TANF benefits.
3. Rhonda receives TANF; she obtains a job. She will work 20 hours per week; the wages will cause her TANF to reduce to \$100/month.
4. Thelma applies for TANF. She has a job when she comes in to apply, but she is only working 25 hours per week. With her earnings, she will still be eligible for \$50 TANF per month.
5. Yolanda applies for TANF. She has a job when she comes in to apply, but she is only working 25 hours per week. The earnings from the job will cause her to be ineligible for TANF.
6. Ursula receives TANF. She is being sanctioned and her benefits have been reduced by 25%. During the sanction period, she starts working full time. The earnings will cause her to be ineligible for TANF.
7. Inez receives TANF. She starts working 30 hours per week and her TANF reduces to \$75 per month. At the end of her four months of 30 1/3, she becomes ineligible for TANF.
8. Polly applies for TANF and obtains a job during applicant job search. Although she will receive a small prorated check for one month, the wages from the job will cause her to be ineligible for TANF ongoing.

## EARNED INCOME TAX CREDIT (EITC)

EITC is a tax credit for people who work, but don't earn high income. Taxpayers who qualify and claim the credit could pay less federal tax, pay no tax or even get a refund.

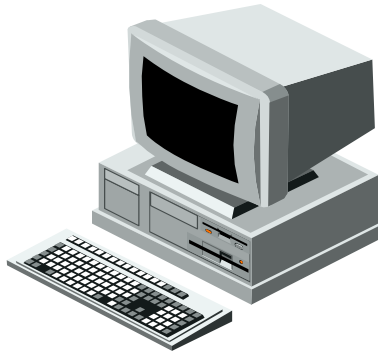
One of our goals is to provide resources that will enhance our clients' ability to move toward greater self-sufficiency. Besides being a supplement to wages, EITC will help make work more attractive than welfare.

It is very important that we inform our clients about EITC! It should be discussed at application, reviews, family team meetings, and other family contacts.

For more information go to <http://www.irs-eitc.info>.



## **ENTERING SUPPORT SERVICES ON SUCCESS**



The trainer will walk you through this process.

**Turn to PAGE 26 in your SUCCESS Desk Guide.**



# Continued Evaluation and Assessment

## Participant Guide

**OUTLINE  
CONTINUED EVALUATION AND ASSESSMENT**

- Participation Requirements
- Calculation and keying of hours
- Progress Reviews
- Entering Progress Review on SUCCESS/Keying Hours
- Closing a Case on SUCCESS
- Conciliation and Sanction
- SUCCESS Procedures for Conciliation and Sanction
- Conciliation at Progress Review
- Case Staffings
- Family Team Meetings
- Performance Management

**OBJECTIVES  
CONTINUED EVALUATION AND ASSESSMENT**

- Participants will examine the process for determining the hours for work participation
- Participants will be able to identify excused absences.
- Participants will be able to summarize deemed meeting criteria.
- Participants will be able to identify countable work participation hours.
- Participants will be able to explain the purpose of progress reviews.
- Participants will be able to demonstrate closing activities and a case on SUCCESS.
- Participants will be able to apply sanctions to non-cooperating clients.
- Participants will be able to summarize times when a case staffing shall be held.
- Participants will be able to distinguish between case staffings and family team meetings.
- Participants will be able to discuss how data is used to manage performance.

**REVIEW - PARTICIPATION REQUIREMENTS and CREDITING OF  
HOURS (MR1820)**

A work eligible single parent who does not have a child under age six, must average \_\_\_\_\_ hours per week to meet the federal participation requirement.

A work eligible single parent with a child under age six, must average \_\_\_\_\_ hours per week to meet the federal participation requirement.

A two-parent family, not receiving federally funded child care must average a combined total of \_\_\_\_\_ hours per week to meet the federal participation requirement.

A two-parent family, receiving federally funded child care must average a combined total of \_\_\_\_\_ hours per week to meet the federal participation requirement.

When can a non-core activity count toward the participation requirement?

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**The unemployed participant** may use up to \_\_\_\_\_ hours of excused absences per \_\_\_\_\_. No more than \_\_\_\_\_ hours may occur in a month.

List the situations that are considered excused absences that will be limited to 80 hours per year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

List the situations in which you can excuse a client from participation that do not count in the 80 hour per year limit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Explain when a client can receive credit for homework time: \_\_\_\_\_

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Explain when a client can get credit for travel time in job search/job readiness activities: \_\_\_\_\_

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## CREDITING OF HOURS CONTINUED...

**A CLIENT WHO IS EMPLOYED** can receive credit for hours not worked if the client is absent in these three situations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are the three employment activities for which a client can be credited for hours not worked?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**NOTE:** Excused absences listed in Section 1820-8 cannot be credited for paid activities.

DEEMED MEETING		
IF THE WORK ELIGIBLE ADULT	AND	THEN
<p>Is under 20 with no HS diploma or GED</p> <p>(This also applies in a 2 parent AU if both are under 20 and without a HS diploma or GED. See 1820-9 for the attendance specifics for two parents.)</p>	<p>Maintains satisfactory attendance and progress requirements at a secondary school or the equivalent for the month</p> <p>OR</p> <p>Participates in education related to employment for an average of 20 hours per week during the month.</p>	<p>Enter a minimum of 20 hours per week in SUCCESS.</p> <p><b>*see ex. #1</b></p> <p>NOTE: If participant did not meet satisfactory attendance, enter actual hours of participation.</p>
Is a single custodial parent or caretaker relative and has a child under age six	Participates an AVERAGE of 20 hours per week in a core activity	<p>The client will be deemed as having met the work participation requirement for the month. Enter the actual hours of participation in SUCCESS.</p> <p><b>*see ex. #2</b></p>
Does not have a child under six, participates in work experience or community service and the FLSA allowable hours are less than an average of 20 hours per week.	<p>Participates for the maximum hours allowed under FLSA</p> <p><b>AND</b></p> <p>also participates in at least 10 hours of non-core or non-FLSA work activities</p>	<p>20 hours may be keyed for each of the weeks in the month for the core activity. Key actual hours for the non-core activity in SUCCESS.</p> <p><b>*see ex. #3</b></p>
Has a child under age six, participates in work experience or community service and FLSA hours are less than an average of 20 hours per week	Participates for the maximum hours allowed under FLSA	<p>20 hours may be keyed for each of the weeks in the month.</p> <p>If participant did not meet FLSA hours, enter actual hours of participation.</p>

**Examples:**

1. Mary is 19, she attends GED classes. She attended class 15 hours a week for each of the weeks in March; this is considered by the GED provider to be satisfactory attendance. She is also making satisfactory progress in GED class. Key 20 hours of GED for each of the weeks in March.

2. Rita is 23, her child is 3. She is a single parent. She participates in work experience; in the month of February she participates as follows:

2/2 - 21 hours

2/9 - 21 hours

2/16 - 20 hours

2/23 - 19 hours

(21+21+20+19 = 81 divided by 4 = 20.25) Since she averaged at least 20 hours per week, enter the actual hours of participation for each week.

3. Helen is 20. She only receives TANF (no FS), so her FLSA calculation limits her participation in work experience to 40 hours per month. In the month of February she attended work experience 10 hours per week and also attended GED classes 15 hours per week.

Key 20 hours of work experience for each of the weeks of February. Key 15 hours of GED for each of the weeks.



**In each of these situations, you MUST document why the hours you are keying do not match the verification in the case record.**

COMBINING CORE AND NON-CORE ACTIVITIES

To meet the participation requirement using a combination of core and non-core activities, the client must average at least 20 hours per week in the core activity. If she does this, we can use the non-core and the core hours to meet the participation requirement.

If hours in the core activity do NOT average 20 per week, the hours in the core activity are not countable. Enter actual hours in the activities, the client will not meet.

Examples:

1) Ms. A does work experience and GED; she does not have a child under 6. Hours for March:

	<u>Work experience</u>	<u>GED</u>
3/5	21	10
3/12	19	12
3/19	20	9
3/26	20	10

Her work experience hours **average** 20 per week. We can use ALL her hours, core and non-core, to meet the participation requirement.

$21+19+20+20+10+12+9+10=121$ , since this is a 4 week month, she meets. **Key actual hours for work experience and actual hours for GED.**

2) Ms. B does work experience and GED; she does not have a child under 6. Hours for March:

	<u>Work experience</u>	<u>GED</u>
3/5	21	10
3/12	17	12
3/19	20	9
3/26	20	10

The hours missed were unexcused absences.

Her work experience hours do not average 20 per week. We cannot use her GED hours to help meet the participation requirement. **Key actual hours for work experience and GED, she does not meet.**

3) Ms. C does work experience and GED; she does not have a child under 6. Hours for March:

	<u>Work experience</u>	<u>GED</u>
3/5	20	20
3/12	20	20
3/19	20	20
3/26	19	20

The hour missed is unexcused.

Her work experience hours do not average 20 per week. While she is attending GED 20 hours per week, we cannot use her GED hours to help meet the participation requirement. **Key actual hours for work experience and actual for GED, she does not meet.**



## Keying Hours Practice – Guided Exercise

1) Barbara Felder is 19 years old, still in high school attending 6 hours per day, and has a child age two. Look at the attendance sheet you have been given and answer the following questions:

- Can Barbara be asked to do anything else?
- Is she in compliance with school attendance policy?
- Look at deemed meeting chart. Does she meet participation requirements?
- How many hours will you key for each week?

2) Betsy Ross age 26, children ages 5 and 4. Client has HS diploma. and FS of \$463. She can participate for no more than 79 hours per month (TANF  $\$280/\$7.25=38.62$  and FS  $\$500/\$7.2=41.10$ ) in work experience. She was scheduled for 20 hours per week (4 hrs./day) for the 1<sup>st</sup> three weeks and for 19 hours in the 4<sup>th</sup> week. She does independent job search when she can. Look at her attendance sheet and answer the following questions.

- Does she meet participation requirements?
- She provided a Dr.'s statement for the days missed. Do you need to give her credit for any of these excused absences?
- How many hours need to count as excused absences?
- How many hours will you key?

3) Margaret Bland age 30, children ages 10, 8, and 6 is a high school graduate and attends Athens Tech to attain a Business Office Tech certificate. She is also doing work experience at the campus library. She can participate in WPU for a maximum of 114 hrs./month. (TANF  $\$330/\$7.25 = 45.51$  and FS  $\$500/\$7.25=68.96$ ) She is scheduled for 22 hours per week. Her BOT class is 3 hours in length, Monday - Thursday. Look at her attendance sheets and answer these questions:

- Does she meet participation requirements?
- What do her core and non-core hours total?
- How many total hours are needed for a 5 week month?
- How many hours in the core activity does she average?
- Can you give her credit for any time missed?
- What will you credit, if it is need to meet WPR?
- How many hours will you key for each activity?

## CALCULATING HOURS - Independent Activity

1. Monica Adams, 21, is participating in work experience. Her child is 5 years old and attends kindergarten. Her FLSA calculation allows her to do 24 hours per week. She is scheduled to work 5 hours daily Monday through Thursday, and 4 hours on Friday. Her attendance sheet:

	M	TU	W	TH	F	SA	SU	Total
1st Mon <u>1/1</u>	5	5	5	5	4			
2nd Mon <u>1/8</u>	0	5	5	4	5			
3rd Mon <u>1/15</u>	4	5	5	3	0			

	M	T	W	TH	F	SA	SU	Total
4th Mon <u>1/22</u>	5	5	5	5	4			
5th Mon <u>1/29</u>	5	5	5	5	4			

Note: When a month has a 5th Monday, hours for the entire week must be reported for the calendar month in which the 5<sup>th</sup> Monday falls.

She states that her child was sick Monday, 1/8. She left early with permission on Thursday, 1/11 and made up the hour on Friday. On Monday, 1/15, she was late to the work site because she overslept. On Thursday, 1/18, her child was sick - she also stayed home with the child on Friday. **Fill in the total hours for each week on the attendance sheet.**

**How many hours did client average a week without giving credit for any excused absences? \_\_\_\_\_**

**Do we need to give credit for excused absences? \_\_\_\_\_**

**How many hours will be keyed for work experience for each of the weeks in January?**

1/1 \_\_\_\_\_  
 1/8 \_\_\_\_\_  
 1/15 \_\_\_\_\_  
 1/22 \_\_\_\_\_  
 1/29 \_\_\_\_\_

2. Nancy Herron, 32, is participating in work experience and GED classes. Her child is 8. Her FLSA calculation allows her to work 27 hours per week. She is scheduled to attend GED 10 hours per week. Her daily schedule:

Day	Work Experience	GED
Monday	8AM-12PM	1PM-5PM
Tuesday	8AM-5PM (1 hour lunch)	None
Wednesday	8AM-12PM	1PM-5PM
Thursday	8AM-5PM 9 (1 hr lunch)	None
Friday	8AM-11A	12PM-2PM

HER WORK EXPERIENCE ATTENDANCE RECORD—

___	M	TU	W	TH	F	SA	SU	Total
1st Mon <u>1/1</u>	4	8	4	8	3			
2nd Mon <u>1/8</u>	4	8	0	8	3			
3rd Mon <u>1/15</u>	0	0	0	8	0			

___	M	T	W	TH	F	SA	SU	Total
4th Mon <u>1/22</u>	0	0	4	8	2			
5th Mon <u>1/29</u>	4	8	4	8	3			

Note: When a month has a 5th Monday, hours for the entire week must be reported for the calendar month in which the 5<sup>th</sup> Monday falls.

HER GED ATTENDANCE RECORD

	M	TU	W	TH	F	SA	SU	Total
1st Mon <u>1/1</u>	4	0	4	0	2			
2nd Mon <u>1/8</u>	4	0	0	0	2			
3rd Mon <u>1/15</u>	4	0	4	0	0			

	M	T	W	TH	F	SA	SU	Total
4th Mon <u>1/22</u>	0	0	4	0	2			
5th Mon <u>1/29</u>	4	0	4	0	2			

Note: When a month has a 5th Monday, hours for the entire week must be reported for the calendar month in which the 5<sup>th</sup> Monday falls.

She did not attend activities on 1/10 as she was sick. On 1/15 her child was sick but she was able to get her mom to watch her in the afternoon so she could go to her GED class. On 1/16 the child was still sick and was taken to the Dr. and was still sick on 1/17 but grandma kept her in the afternoon. She missed activities on 1/19 to go to an out-of-town funeral of a distant relative. On 1/22 and 1/23, Ms. Herron was sick with the same virus her child had. On 1/26 she was 1 hour late to work. **Fill in the total hours for each week on the attendance sheets.**

How many hours did she average per week in work experience? \_\_\_\_

If she needs to have excused absences credited, how many does she need to meet WPR for the month? \_\_\_\_\_

Indicate below, how many hours you will key for each activity for Ms. Herron in January:

Work experience	GED
1/1 _____	1/1 _____
1/8 _____	1/8 _____
1/15 _____	1/15 _____
1/22 _____	1/22 _____
1/29 _____	1/29 _____

3. Lisa Grinch, 32, is participating in work experience. Her children are 10 and 12. Her FLSA calculation allows her to work 30 hours per week. She is scheduled to work Mon-Fri 6 hours/day.

HER WORK EXPERIENCE ATTENDANCE RECORD

	M	T	W	TH	F	SA	SU	TOTAL
2/1	6	6	6	6	0			
2/8	6	6	6	0	6			
2/15	6	6	6	6	6			
2/22	0	6	6	0	6			

She did not go for the following reasons: 2/5 sick child, 2/11 personal illness, 2/22 work site closed due to the observance of President's Day holiday, 2/25 sick child. **Fill in total hours of work experience on her attendance sheet.**

**What is her weekly average without getting credit for any excused absences? \_\_\_\_\_**

**How many hours does she need to meet the WPR for the month?**  
\_\_\_\_\_

**Explain what she can receive credit for to meet the WPR: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**Will she meet the WPR if credit is given? \_\_\_\_\_**

How many hours will be keyed for work experience for each of the weeks in February?

2/1 \_\_\_\_\_

2/8 \_\_\_\_\_

2/15 \_\_\_\_\_

2/22 \_\_\_\_\_

**What should the case manager have told her to do when she called about the sick child on 2/25? \_\_\_\_\_**  
\_\_\_\_\_

4. Vera Montgomery, 18, is attending GED classes four hours per day from 8:00 to 12:00. Her son is 2 years old.

HER GED ATTENDANCE RECORD

	M	TU	W	TH	F	SA	SU	Total
1st Mon <u>1/1</u>	0	4	4	4	4			
2nd Mon <u>1/8</u>	4	4	4	3	4			
3rd Mon <u>1/15</u>	0	0	4	4	4			

	M	T	W	TH	F	SA	SU	Total
4th Mon <u>1/22</u>	2	4	4	4	4			
5th Mon <u>1/29</u>	4	4	4	4	4			

Note: When a month has a 5th Monday, hours for the entire week must be reported for the calendar month in which the 5<sup>th</sup> Monday falls.

She missed scheduled time for the following reasons: 1/1 New Year's Holiday, 1/15 MLK Holiday, 1/16 sick, 1/22 late because she got a speeding ticket. The GED instructor indicated on the attendance sheet that she met satisfactory attendance. **Fill in the total weekly hours on the attendance sheet.**

Do you need to give credit for missed time? \_\_\_\_ Why or why not?

How many hours will be keyed for GED for each of the weeks in January?

1/1 \_\_\_\_\_  
1/8 \_\_\_\_\_  
1/15 \_\_\_\_\_  
1/22 \_\_\_\_\_  
1/29 \_\_\_\_\_

## USING HOURS IN JOB SEARCH/JOB READINESS

In each twelve month period, recipients are allowed six weeks of job search/job readiness activities, however there is a maximum limit of four consecutive weeks as a countable core activity. A week is defined as 20 hours for a single custodial parent with a child under age 6 and 30 hours for all other WEIs.

Below is an example of a WEI who, in order to meet her work requirements, is using hours in job search and job readiness activities in combination with other countable activities (which we are not showing here). In this example, the client is not participating for enough hours in a calendar week to equal one "week" of job search activity to apply to the 6-week limit for a 12-month period of time.

### October 2008

10/06/08	5 hours Job Readiness Assistance
10/13/08	5 hours Job Readiness Assistance
10/20/08	5 hours Job Readiness Assistance
10/27/08	<u>5</u> hours Job Readiness Assistance
	20 hours of Job Readiness Assistance = 1 week (1 <sup>st</sup> week)

### November 2008

11/03/08	Break
11/10/08	7 hours Job Search
11/17/08	8 hours Job Search
11/24/08	<u>5</u> hours Job Search
	20 hours Job Search = 1 week (2 <sup>nd</sup> week)

### December 2008

12/01/08	5 hours Job Search
12/08/08	Break
12/15/08	6 hours Job Search
12/22/08	6 hours Job Search
12/29/08	<u>7</u> hours Job Search
	24 hours Job Search = 1 week (3 <sup>rd</sup> week), with 4 hours left to be applied to a 4 <sup>th</sup> week.

In this example, the WEI has used up only 3 of the 6 weeks of job search/job readiness assistance activities. She has been participating in this activity for 13 weeks, but because of the way in which we convert actual hours of participation, the WEI is charged with using only 3 weeks.

In this example, the client still has 3 additional weeks of participation in job search/job readiness assistance available to her, which can be used from January 2009 through September 2009.

Below is an example of a WEI who meets the deemed meeting criterion of being a single custodial parent with a child less than 6 years of age, and able to meet her work requirement by averaging 20 hours of participation per week.

**October 2008**

10/06/08	20 hours Job Readiness Assistance
10/13/08	20 hours Job Readiness Assistance
10/20/08	20 hours Job Search
10/27/08	<u>20</u> hours Job Search
	80 hours = 4 weeks

**November 2008**

11/03/08	Break
11/10/08	17 hours Job Search
11/17/08	9 hours Job Search
11/24/08	<u>14</u> hours Job Search
	40 hours = 2 weeks

In this example, the WEI has used up all 6 weeks of job search/job readiness assistance activities that she is allowed for a 12-month period of time, which began for her October 1. She cannot receive credit for hours of participation in job search/job readiness assistance until October 1, 2009.



## DEMONSTRATION ROLE-PLAY

### PROGRESS REVIEW

Susan Jeffries came in for her progress review on 10/31/07. According to her attendance record and feedback from her work experience/job skills site supervisor, Ms. Hancock, she is attending 40 hours per week as scheduled and is making satisfactory progress. Ms. Hancock told the CM in a t/c on 10/29 that she thinks that with one more month of work experience, Ms. Jeffries will have learned all of the necessary tasks to take on a clerical position. Susan tells the CM at the progress review that she had one job interview this month but was told they were looking for someone with more experience.

**Continued Evaluation and Assessment****Employment Services PG****July 9, 2009****TANF FAMILY SERVICE PLAN (cont.)**Phase TWONew Assessment Date: 9/30/06 Assessor: P. Barton

Short-Term Goal: PREPARE FOR EMPLOYMENT Date Goal Accomplished: 10/31/06

Long-Term goal: FULL TIME CLERICAL POSITION Months on TANF: TWO

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☒ Transportation ☐ Family Issues ☐ Personal ☐ DV/SA/MH ☐ Other

Explain: Ms. Jeffries needs additional time to look for work and gain work experience.

Job Readiness Level: (Check one box)

☒ Job-Ready (up to 3 months) ☐ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: (I) WORK EXPERIENCE - 19 HOURS PER WEEK

(II) JOB Skills Training 20 HOURS PER WEEK

(III) FULL TIME EMPLOYMENT

Total hours per week: 39

Participant will SEE ATTACHEDAgency will SEE ATTACHED

Short-term goal begin date: 10/01/06 Short-term goal achievement date: 10/31/06

\_\_\_\_\_  
Client's Signature\_\_\_\_\_  
Case Manager's Signature/Load\_\_\_\_\_  
Date\_\_\_\_\_  
Date**Phase Completion Review****Date: 10/31/06****Months on TANF: ONE**☐ Exceeded☒ Satisfactory☐ Unsatisfactory

Explanation of progress: Ms. J is doing well in work experience according to the feedback from her work site supervisor Ms. Hancock. However, there are a few other clerical tasks they wish to teach Ms. Jeffries to do so another month of work experience combined with job skills training will be helpful to her.

{Check applicable box(es)}

☐ Job Readiness Level Change ☐ Activity Change/New plan ☐ Conciliation/Sanction\_\_\_\_\_  
Case Manager's Name/Load

**TANF FAMILY SERVICE PLAN (cont.)**

Phase THREE

New Assessment Date: **10/31/06**

Assessor: **P. BARTON**

Short-Term Goal: **Complete JOB Skills training** Date Goal Accomplished: \_\_\_\_\_

Long-Term goal: **FULL TIME EMPLOYMENT** Months on TANF: **ONE**

Barriers/potential barriers to achievement of goals/employment: (check all applicable boxes)

☒ Transportation ☐ Family Issues ☐ Personal ☐ DV/SA/MH  
☐ Other

Explain: **Ms. Jeffries needs additional job skills training. Has been unsuccessful in finding employment due to lack of clerical experience.**

Job Readiness Level: (Check one box)

☒ Job-Ready (up to 3 months) ☐ Near Job-Ready (up to 6 months) ☐ Not Job-Ready (up to 12 months)

Activities: (I) **WORK EXPERIENCE at DFCS FOR 19 HOURS PER WEEK.**  
(II) **JOB SKILLS TRAINING WITH DFCS FOR 20 HOURS PER WEEK**  
(III) **JOB SEARCH during the fifth week of the month, making at least 12 contacts.**  
(III) **FULL TIME EMPLOYMENT**

Total hours per week: **39**

Participant will **SEE ATTACHED**

Agency will **SEE ATTACHED**

Short-term goal begin date: **11/01/06**

Short-term goal achievement date: **11/30/06**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Case Manager's Signature/Load

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Phase Completion Review**  
**TANF:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Months on**

☐ Exceeded  
Unsatisfactory

☐ Satisfactory

☐

Explanation of progress: \_\_\_\_\_

*{Check applicable box(es)}*

☐ Job Readiness Level Change ☐ Activity Change/New plan ☐ Conciliation/Sanction

\_\_\_\_\_  
Case Manager's Name/Load

**TANF FAMILY SERVICE PLAN (cont.)**

**Section C: (Signatures)**

Read and check off the statements below. By checking a statement, you indicate that you understand and agree with the statement.

- ☒ I have read and I understand my personal responsibilities as specified in section A.
- ☒ I have read, agreed to and understand my work requirements as specified in section B.
- ☒ I understand that if there is any change in my circumstances, I must discuss it with my case manager and update the TFSP.
- ☒ I have helped to develop TANF Family Service Plan. My case manager and I have discussed, and I have agreed to all changes made to this plan.
- ☒ I understand that if I do not meet the requirements specified in section A or in Section B of my TANF Family Service Plan, the cash assistance that my family and I receive may be reduced or terminated.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's signature

\_\_\_\_\_  
Date

## Work Experience

Participant will:

- Arrive on time
- Complete: 19 hours per week at DFCS office on each scheduled workday.
- Submit monthly attendance record to Case Manager.
- Receive satisfactory job rating from work site supervisor each month.
- Meet with case manager for progress review as requested.
- Apply for child care assistance Y/N (N/A).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from work site ( ) OR reimburse client \$5 per day (X) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

TANF Allotment	\$( 235 )	/	\$7.25	=	32.41
+ FS Allotment	\$( 323 )	/	\$7.25	=	<u>44.55</u>
Maximum hours for WPU per month:					<b>76.96</b>

## Job Skills Training

Participant will:

- Arrive on time.
- Complete: 18 hrs/week at DFCS office on each scheduled day of class.
- Submit monthly attendance record to Case Manager.
- Receive satisfactory attendance and training rating from site supervisor each month.
- Meet with case manager for progress review as requested.
- Apply for childcare assistance Y/N (n/a).

Agency will:

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from work site ( ) OR reimburse client \$5 per day ( X ) for each day attended.
- Provide other support services as needed upon prior approval as funds are available.

## Job Search

Participant will:

- Actively seek employment by making a minimum: 12 job contacts in the fifth week.
- Submit completed Job Search Record to Case Manager as required.
- Register with DOL/
- Accept any suitable job offer and notify Case Manager immediately.
- Apply for child care assistance Y/N (n/a )
- Request any support services needed to accept or maintain

Agency will"

- Reimburse child care costs to approved provider up to state limits.
- Provide transportation: to and from job search ( ) OR reimburse client \$5 per day (X ) for each day of participation.
- Provide other support services as needed upon prior approval as funds are available to assist client in obtaining employment.

## Employment

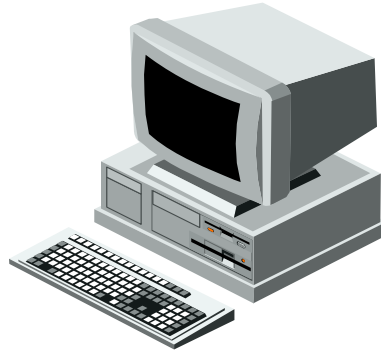
Participant will

- Maintain employment for: **40** hours per week.
- Notify Case Manager of any changes in employment status.
- Verify work hours and wages upon request.

Agency will

- Monitor employment, hours worked, and wages.
- Provide support services as needed to maintain employment
- Provide transitional benefits upon closure of TANF because of wages.

## COMPLETE A REVIEW



Trainer will walk through completing a review with you.

**Turn to PAGE 36 in the SUCCESS Desk Guide**

## **Shantelle Washington**

### **Progress Review**

Ms. Washington comes in today for her progress review. She is participating in her activities as scheduled and her attitude and demeanor seem improved.

- Interview Ms. Washington, being sure to incorporate the skills we discussed.
- **Document her review**
- **Key hours for the previous month**
- **Enter a support service.**

## **Jenny Sheffield**

### **Progress Review**

Ms. Sheffield comes in today for her progress review. She is participating in her activities as scheduled and her attitude and demeanor seem improved.

- Interview Ms. Sheffield, being sure to incorporate the skills we discussed.
- **Document her review**
- **Key hours for the previous month**
- **Enter a support service.**



## **Shantelle Washington Change Report**

Ms. Washington calls Wednesday 11/14/08 to report she has a job. She will begin Monday. She will be working at TDK Factory 40 hours per week and she will earn \$9.50/hour.

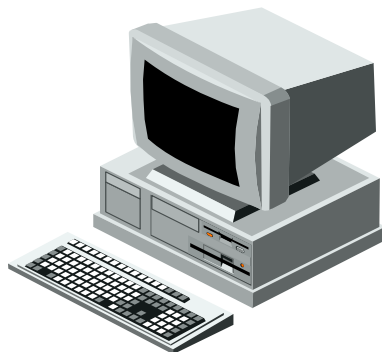
- Calculate when the TANF will close, based on the date of report. Her TANF grant has been \$380 per month.
- What would you tell Ms. Washington over the phone?

## **Jenny Sheffield Change Report**

Ms. Sheffield calls 11/25/08 to report she has a job. She will begin next Monday. She will be working at Kawasaki Motors 40 hours per week and she will earn \$7.25/hour.

- Calculate when the TANF will close, based on the date of report. Her TANF grant has been \$235 per month.
- What would you tell Ms. Washington over the phone?

## **CLOSING AN ACTIVITY AND CLOSING THE CASE:**



The trainer will walk you through how to close an activity and how to close the employment services case.

**Turn to page 25 in the SUCCESS Desk Guide for the instructions on closing an activity.**

**Turn to page 44 in the SUCCESS Desk Guide for the instructions on how to close a case.**

## THE CONCILIATION PROCESS

IF	THEN
the client fails to meet a TFSP requirement OR  fails to report a child in the AU has moved out of the home,	determine if a conciliation has already been used.
a conciliation has not been previously used,	send or take a conciliation letter to your client.
a conciliation has already been used,	begin the sanction process.
a conciliation is scheduled and the client fails to attend,	close the TANF case and pend the conciliation.  <b>Flag the case!</b>
the client attends the conciliation appointment and establishes good cause,	there is no material violation and no conciliation is used.  If the client fails to meet a requirement in the future, schedule a conciliation appointment.
the client attends the appointment and does not have good cause BUT  says that she will comply in the future	this is a conciliated material violation.  The client does not have to comply with the requirement during the conciliation process.
your client attends the appointment and  does not have good cause AND  states she will <b>not</b> comply in the future,	this is an unconciliated material violation.  The sanction process begins immediately. Give your client timely notice.  During this period, she may decide to either close TANF or conciliate.
the client changes her mind during the timely notice period and says that she will conciliate,	do not impose a sanction. BUT, this will count as your client's one conciliation.  Since the client only has one conciliation in her lifetime, the conciliation process can only take place prior to imposing a first sanction.
the client conciliates, but then fails to meet a requirement again,	because the client has previously used her one-time conciliation, begin the process to impose a first sanction.

Beginning the First Sanction	
IF	THEN
the client claims good cause for committing the material violation,	determine if the good cause claim is valid. If it is, do not impose the sanction. If it is not, proceed with the process.  <i>Note: good cause may be claimed at any time.</i>
the client fails to meet a TFSP requirement OR  fails to report that a child moved out of the home	determine if conciliation has been used previously.
the client has not previously used her only conciliation,	send or take the client the Form 190 (TANF Material Violation Conciliation Letter)
the client has already used her only conciliation,	begin the sanction process.  Send the Form 329 (TANF Sanction Notice).
the client meets the requirement during the timely notice period,	do not impose the sanction.
the client fails to meet the requirement during the timely notice period,	impose the sanction (25% reduction in cash assistance for three calendar months).
the client chooses to close the TANF case to postpone the sanction,	pend the sanction and impose it in the future if the client reapplies and is approved for TANF.

**NOTE: ALL SANCTIONS REQUIRE SUPERVISORY APPROVAL.**

Ending the First Sanction	
In the third month of the sanction, contact your client and schedule an appointment through normal procedures.	
IF	THEN
the client attends her scheduled appointment,	<ul style="list-style-type: none"><li>• review the cause of the first sanction</li><li>• make necessary adjustments to the TFSP</li><li>• schedule appropriate work activities to begin in the fourth month</li><li>• lift the first sanction and restore cash assistance to the full amount</li></ul>
the client fails to attend her scheduled appointment,	terminate the cash assistance.
cash assistance is terminated and the client reapplies after "serving" her sanction months,	<ul style="list-style-type: none"><li>• assign her to applicant job search, if appropriate</li><li>• develop a new TFSP</li><li>• approve the application if the AU is eligible</li><li>• make sure your client understands the consequences of another failure to meet the requirements of the TFSP.</li></ul>

<b>Beginning the Second Sanction</b>	
<b>IF</b>	<b>THEN</b>
the client fails to meet a TFSP requirement OR  fails to report a child has moved out of the home AND  has previously had a first sanction	begin the sanction process.  Send the TANF Sanction Notice (Form 329).
the client meets the requirement during the timely notice period,	do not impose the sanction.
the client fails to meet the requirement during the timely notice period,	impose the sanction (termination of TANF case for three calendar months).
the client requests closure of the TANF case to postpone the sanction,	explain that closure of the case IS the sanction, and that the closure will be for three months.
<b>Ending the Second Sanction</b>	
The second sanction ends only when the three-month termination runs its course. Your client may re-apply for TANF at any time after the sanction is imposed.	
<b>IF</b>	<b>THEN</b>
If your client applies more than 45 days before the end of the sanction period,	deny the application.
If your client applies within 45 days of the end of the sanction period,	process the application in the normal manner.

Beginning the First Subsequent Sanction	
IF	THEN
the client fails to meet a TFSP requirement OR fails to report a child has moved out of the home AND has previously had a 1st and 2nd sanction,	begin the sanction process.  Send the Form 329 (TANF Sanction Notice).
the client meets the requirement during the timely notice period,	do not impose the sanction.
the client fails to meet the requirement during timely notice,	impose the sanction (25% reduction in cash assistance for three calendar months).
the client chooses to close the TANF case to postpone the sanction,	pend the sanction, and impose it in the future if the client reapplies and is approved for TANF.
the client claims good cause for committing the material violation,	determine if the good cause claim is valid. If it is, do not impose the sanction. If it is not, proceed with the sanction.  <i>Note: good cause may be claimed at any time.</i>

Ending the First Subsequent Sanction	
In the third month of the first subsequent sanction, contact the client and schedule an appointment through normal procedures.	
IF	THEN
your client attends her scheduled appointment,	<ul style="list-style-type: none"><li>• review the cause of the first subsequent sanction</li><li>• make necessary adjustments to the TFSP</li><li>• schedule appropriate work activities to begin in the fourth month</li><li>• lift the first subsequent sanction and restore cash assistance to the full amount</li></ul>
the client fails to attend her scheduled appointment,	terminate the cash assistance.
cash assistance is terminated and the client reapplies after "serving" her sanction months,	<ul style="list-style-type: none"><li>• assign her to applicant job search, if appropriate</li><li>• develop a new work plan</li><li>• approve the application if the AU is eligible</li></ul> <p>make sure your client understands the consequences of another failure to meet the requirements of the TFSP.</p>



<b>Beginning the Second Subsequent Sanction</b>	
<b>IF</b>	<b>THEN</b>
the client fails to meet a TFSP requirement OR  fails to report a child in the AU has moved out of the home AND  has previously had a 25% reduction for a first subsequent sanction,	submit the case for an internal review and then a panel review.
the second subsequent sanction is approved by the panel,	inform the client of the sanction by sending the TANF Sanction Notice (Form 329) by certified mail.  Make two attempts at a home visit during the timely notice period.
the client meets the requirement during the timely notice period,	do not impose the sanction.
the client fails to meet the requirement during the timely notice period,	impose the sanction (termination of the cash assistance for twelve consecutive months).
the client chooses to close the TANF case to postpone the sanction,	explain that closure of the case is the sanction, and that the closure will be for twelve consecutive months.
<b>Ending the Second Subsequent Sanction</b>	
The second subsequent sanction ends when the 12-month termination runs its course. After the sanction is over, the client may reapply at any time.	
<b>IF</b>	<b>THEN</b>
the client applies more than 45 days before the end of the sanction period,	deny the application.
the client applies within 45 days of the end of the sanction period,	process the application in the normal manner.

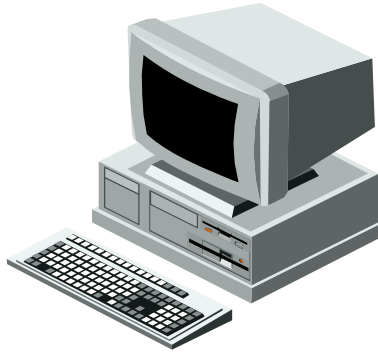
## **SANCTIONS PRACTICE**

In each situation document what action should be taken and the outcome.

1. Ms. Smith is not attending vocational school as scheduled. In reviewing her record, you find that this has been discussed with her previously. At that time, good cause was granted and Ms. Smith continued in the activity.
2. In speaking with Ms. Smith, she states she isn't attending because she has decided she really doesn't want to go back to school.
3. Ms. Bryant is not attending her work experience as scheduled. In reviewing her record, you find that Ms. Bryant has a conciliated material violation from January 2007 for failure to attend school as scheduled.
4. Ms. Wilson is not attending her work experience site as scheduled. In reviewing her record, you find that she has never had a conciliation appointment.
5. A conciliation appointment is scheduled, but Ms. Wilson does not come in for the appointment.
6. Ms. Thurman is applying for TANF; she is a mandatory work participant. In reviewing the record at application, you discover that Ms. Thurman's case was closed last month for failure to attend a conciliation appointment.
7. Ms. Thurman did not have good cause for failing to attend her work activity, but she states she is ready to participate now.
8. Ms. Parks is participating in work experience. In reviewing her attendance at her monthly progress review, you note that she has been late for her activity numerous times in the past month.

9. Ms. Evans is attending GED. The GED instructor calls to report that Ms. Evans' behavior in class is not appropriate. In reviewing the case, you find that Ms. Evans attended a conciliation appointment about this issue previously and stated that her behavior would improve in the future.
  
10. Ms. Thompson is not attending her activity. In reviewing her record, you find that within the last year she has had a first sanction and second sanction.
  
11. Ms. Yates is not attending her activity. In reviewing her record, you find that with the last year, she has had a first, second, and first subsequent sanction.
  
12. Ms. Usher is not attending her activity. You cannot determine from case record documentation whether she has ever had a conciliation appointment.
  
13. Ms. Ivey had a first sanction imposed effective April. It is now June.
  
14. Ms. Ozuna had a second sanction imposed effective October. It is now November 1 and she is applying for TANF.
  
15. Ms. Patillo had a second sanction imposed effective July. It is now September 2 and she is applying for TANF.

# RECORD NON-COOPERATION



Trainer will walk participants through the SUCCESS process for keying non-cooperation.

**Turn to PAGE 31 in the SUCCESS Desk Guide**

## **Evelyn Crawford Progress Review, Conciliation**

Ms. Crawford comes in today for her progress review. You found out yesterday that she is not participating in her activities as scheduled. Client states she was unable to attend all hours because she had an adverse reaction to her diabetes medicine that she started taking again. Had a Dr. appt. yesterday and he has her on another medication.

- What actions should you take?
- What is the result of the conciliation?

## **Maria Sanford Role Play Progress Review, Conciliation**

Ms. Sanford comes in today for her progress review. Yesterday her work site supervisor called and said that Ms. Sanford had missed two days this week. Ms. Sanford said that she was trying to do better and that she understands that she needs to attend everyday and call the Case Manager when she has a problem.

- What actions should you take?
- What is the result of the conciliation?

**Document both reviews and the result of each conciliation in SUCCESS.**

Georgia Department of Human Resources  
TANF Employment Services Case Staffing Form (Form 199)

\_\_\_\_\_ County Department of Family and Children Services  
**Case Name** \_\_\_\_\_ **Case Number** \_\_\_\_\_  
Client Name \_\_\_\_\_ Case Manager/Caseload \_\_\_\_\_  
Client ID Number \_\_\_\_\_ Case Manager Telephone (\_\_\_\_)\_\_\_\_\_

**Section A:** *(For internal use only)*

**TANF Clock**

How many months of TANF benefit has this AU received? \_\_\_\_\_

What is (are) this client's current activity (ies)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is this AU's current Job Readiness Level? *(Please check one)*

☐

Not Job-Ready

☐

Near Job-Ready

☐

Job-Ready

Does this client continue to meet financial and non-financial TANF requirements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Participation History**

What activities has this client participated in the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was this client's level of participation? *(Attendance, performance etc.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this AU been previously sanctioned or conciliated? *(If yes, please document dates and number of non-compliance)*

\_\_\_\_\_  
\_\_\_\_\_

**Strengths and needs**

What were her/his strengths? *(Education, training, skills and motivation etc.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were any barriers identified and resolved previously? *(If yes, list all barriers and resolutions)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TANF Employment Services Case Staffing Form (cont.)**

What are this AU's current service needs? *(Please document if there is any change in the client's individual or family situation)*

---

---

---

Is Child Welfare Involved with this client/family? *(please document if this client has an active CPS case or Case Plan)*

---

---

---

**Progress and Goals**

What are this client's current employment goals? *(Document in order of priority)* \_\_\_\_\_

---

---

Does this client's current activity assist the AU in progressing towards the goal of self-sufficiency? *(If not, document how is the agency assisting this AU in meeting his/her long term goal)* \_\_\_\_\_

---

---

Does the new service plan (Form 196) reflect new plan of support, supervision and service needs? *(Document in detail)*

---

---

---

---

---

---

---

**Plan of Action**

Follow-up date to monitor the client's movement towards goals: \_\_\_\_\_

Client was notified of the follow up appointment: *(Check one box)*

- ☐ Verbally/orally on: \_\_\_\_\_
- ☐ Form 173 given to the client

\_\_\_\_\_  
Case Manager's name, load and date

\_\_\_\_\_  
Supervisor's name / date

**TANF Employment Services Case Staffing Form (cont.)**

Section B: *(This section is to be completed by the Vendor(s) and the Case Manager)*

Vendor's/Provider's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location of the Business: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ ID / SSN number: \_\_\_\_\_

1. How do you evaluate this client's performance?

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

If checked unsatisfactory, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you evaluate this client's behavior?

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, please check all applicable boxes:

☐ Irregular ☐ Inattentive ☐ Disruptive ☐ Disinterested  
☐ Has difficulty in following directions ☐ Other (*specif*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In your opinion, is this participant ready to go to work? (*please check one box*)

☐ Yes, immediately ☐ Yes, but needs additional time  
☐ No, needs reassessment

4. Vendor's / Provider's comments / suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provider's Signatures

\_\_\_\_\_  
Date



**TANF Employment Services Case Staffing Form (cont.)**

Section C:

Case Manager's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition:** Based on the Vendor's/ Provider's recommendations, this client is:

- ☐ Job-Ready
- ☐ Near Job-Ready
- ☐ Not Job-Ready

TFSP Phase \_\_\_\_\_ completed with the client on \_\_\_\_\_

Next/new activity is: \_\_\_\_\_ Beginning on \_\_\_\_\_

Potential completion date is \_\_\_\_\_

\_\_\_\_\_  
Case manager's signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

## Family Team Meetings (“FTMs:”)...what are they?

Family Team Meetings are being used in every DFCS program area, from CPS/Family Preservation to Foster Care to OFI. We know from our own experience and from decades of international research that FTMs are effective whenever a formal plan needs to be created or a formal decision made.

Let’s look at some quick “FTM facts”...

- The Family Team Meeting is different from any other type of family meeting or staffing done by DFCS
- The Family Team Meeting is a structured meeting, and follows a sequence of stages lasting a total of 1.5 – 2 hours
- The FTM is facilitated by a “DFCS Approved” FTM Facilitator Facilitating the Family Team Meeting requires an advanced skill set, especially group facilitation skills
- The FTM Facilitator is supported by a Co-Facilitator, who records key planning/decision making points on Easel Pads for every Team member to read

Why are FTMs so effective? Simple... *It’s human nature for people to respond better to any plan or decision which involves them when they are actively involved in creating the plan or making the decision.*

Here are just a few of the results well-facilitated FTMs can achieve...

- More effective planning: Writing case Plans during the FTM, results in plans which integrate the family’s resources and input, so the family is more engaged with completing the plan
- Increased appropriate relative placement through identifying and engaging extended family members at the FTM
- CPS cases being closed sooner with less recidivism
- OFI TANF clients creating effective plans for self-sufficiency at 24 months of eligibility

# SUCCESS Desk Guide

## Employment Services

July 2009

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# Welcome to SUCCESS Training!



This training is designed to be an interactive hands-on training that integrates the application of Employment Services policy with the SUCCESS system.

## About the Training Region



In the training region the date is always **10 - 05 - 06**.

Therefore, *ALL* examples, which include applicant and in-depth family assessments, work plans, progress reviews, work activities, sanctions and closures, will use **10 - 05 - 06**.

During this training session, you may encounter computer technical problems. As problems occur, we will work together to solve problems. **DO NOT** try to solve problems on your own. Please notify trainer immediately when problems occur.

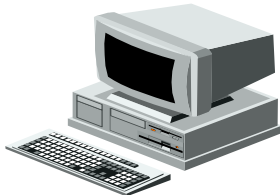


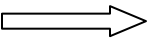
**Working ahead of the trainer can cause major problems for you, other participants, and the trainers. Working ahead may cause you to miss-key information about the system and its process. Therefore, we ask that you remember the DFCS Classroom rules and follow the SUCCESS Training Golden Rule:**

Stay with the Group!  
**DO NOT** work ahead



# SUCCESS Production Region Security



- Each employee will be issued his or her own User ID and RACF ID to use to access the SUCCESS system. Please review the "SUCCESS Security" e-mail issued by the Division Director on 05/02/2000. **Review the following**  **page.**
- Staff who are assigned a SUCCESS USER ID and RACF ID that permits authorization of benefits are legally responsible for all benefits that are authorized under that assigned User ID and RACF ID.
- There are two critical absolutes: (1.) User IDs and RACF IDs are NEVER to be shared or revealed to anyone other than the person to whom it is assigned. (2.) NEVER leave your workstation while signed-on to SUCCESS.

## *Training RACF IDs and Passwords*



During this training you will be issued a RACF ID and a Password. These RACF IDs and Passwords can be used only in the training region. The number of RACF IDs available for participants in the training region is very limited. You must be extremely careful when signing-on to SUCCESS, because **two unsuccessful attempts to sign-on, will revoke your RACF ID.** If you make a mistake twice while attempting to sign-on, sign off completely and go back to the "GO" screen, then start over.

Date: Thursday, 2 May 2002 11:25am ET  
To: FIELDDIRECTORS, DFCS.COUNTY.DIRS, SUCCESS.SUPVS  
From: DFCS.DIVISION@GOMAIL  
**Subject: SUCCESS security**

Recent events in one of our urban counties have illustrated the need for Division staff at all levels to be cognizant of correct security procedures for SUCCESS user IDs and RACFs. Staff assigned a SUCCESS user ID and RACF which permits authorization of benefits on SUCCESS are legally responsible for all benefits authorized using the assigned ID and RACF. Forms 283 AND 291, completed by all staff to acquire SUCCESS IDs and RACFs, note that the individual is "personally responsible for all actions taken by your UserID/password." IDs and RACFs are never to be shared or revealed to anyone other than the person to whom they are assigned. It is also critical that any person with SUCCESS access never leave her/his workstation while signed on to SUCCESS. Any entry made while signed on is attributed to the person to whom the ID/RACF is assigned, regardless of who may have actually completed the data entry. These security measures are necessary to prevent erroneous benefits from being authorized, case actions being processed in error or invalid cases being established.

It is incumbent upon all management staff at both the Field Area and County levels to insure that correct SUCCESS security procedures are observed in county departments. Every county must insure that terminals are never left unattended while signed on to SUCCESS, to prevent unauthorized issuance of benefits. Counties must also insure that when staff terminate or transfer to other areas that correct security procedures are observed. Field Coordinators will be adding discussions of increased SUCCESS security procedures to their meetings with county directors.

It is my expectation that all counties will review SUCCESS security procedures in every office on a regular basis, and will assure that procedures are in place to prevent unauthorized issuance of benefits on SUCCESS.

----- ( end of letter ) -----



## *Navigating Through SUCCESS*

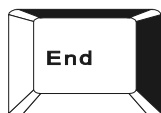
### *Using the Keyboard*



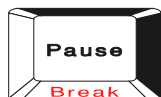
Let's look at several keys that are very important when using SUCCESS.



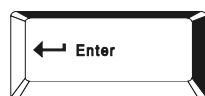
Use the **"Delete"** key to delete information in a field one character at a time.



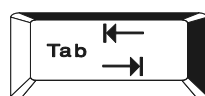
Use the **"End"** key to delete ALL the information in a field. It is better to use the "End" key, as sometimes the "Delete" key does not totally delete information.



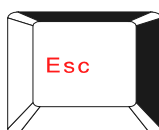
Use the **"Pause"** key to clear the screen.




Use the **"Enter"** key next to the letter keypad. DO NOT use the "enter" key next to the number pad.



Use the **"Tab"** key to move field to field. The "Shift" key plus the "Tab" key (pressing both at the same time) will allow you to move back to the previous field.



Use the **"Esc"** key to reset the screen when  appears in the bottom left hand corner of the screen and a bell tone sounds. This means a mistake has been made.

One way to Navigate through SUCCESS is by using the Function Keys.

The Function Keys are located across the top of the keyboard.

F1 through F12 have set functions that are the same for ALL screens.

F13 through F24 have specific functions used only if the function appears at the bottom of the screen.

## SUCCESS Screen Colors

**Yellow** – Screen and Field Names

**Blue** – Data that cannot be changed

**Green** – Data that can be changed


**White** – Warning Messages

**Red Question Marks** – Mandatory Fields

## The Fast Path Process in SUCCESS



### ***HOW TO FAST PATH!!***

**Step 1** Press  to take the cursor to the top right hand corner of the screen.

**Step 2** Type in the screen name abbreviation

**Step 3** Press 

**AT THE GO SCREEN IN THE TRAINING  
REGION SIGN ON BY ENTERING:**

**CICSV2**

## ENTERING APPLICANT ASM DATA

During the application process, enter in SUCCESS the information related to applicant services.

### YMEN

- Select C for Employment Services, PF4 to go to ESME

```
*****
**      W E L C O M E   T O   T H E      **
***          G E O R G I A          ***
***          T R A I N I N G          ***
***          S U C C E S S          ***
**          S Y S T E M          **
*****

Selection c
Printer ID  ???
System Date  10 05 06
Load ID  1799

A. Assistance Unit/Client      H. Security                  O. File Inquiry
B. Supporting Units            I. Parameters                P. Vendor Files
C. Employment Services        J. Mass Mod                  Q. Text
D. Alerts                     K. Financial Mgmt Iss       R. Benefit Error
E. Scheduling                 L. Lifetime Limit           S. AU/Client Misc
F. Letters                    M. Benefit History
G. Electronic Mail (EMC2)     N. Quality Control          U. Register IV-D Case

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
```

## ESME

- Select A for Assessment Update, enter client ID and program type AF and press ENTER to get to ESPR

EMPLOYMENT SERVICES SUBMENU - ESME		ESME
Selection	a	
Client ID	XXX000164	
Prog	af	
As Of Date		
LO		
A. Assessment Update	H. Assessment Inquiry	
B. Provider Referral Update	I. Provider Referral Inquiry	
C. Participant Data Update	J. Participant Data Inquiry	
D. Day Care Update	K. Day Care Inquiry	
E. Support Services Update	L. Support Services Inquiry	
F. TANF Referral Assignment	M. TANF Referral Inquiry	
G. FS Referral Assignment	N. FS Referral Inquiry	
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		

## ESPR

- Enter Orientation Date, "Y" for Orientation Attended
- Enter Assessment Date, "Y" for Assessment Attended
- Press PF9 to go to REMA

UPDATE		EMPLOYMENT SERVICES PROFILE SCREEN - ESPR		ESPR
		7991 08 31 06		01
Client Name SUSAN		JEFFRIES		Client ID XXX000164
Prog AF	Status MP	Priority	Elig Load ID 0800	ES Load ID XXXX
LEP	Load Id	0799	Exempt Reas	Age 28
Orientation Date	10 05 06	Orientation Attended	Y	
Assessment Date	10 05 06	Assessment Attended	Y	
AU ID	000000121			
Participation Beg Date	08 31 06	Race/Ethnicity	WHITE	N
Participation Closure Date	Initial Literacy Level			
Participation Closure Reason	Follow-up Literacy Level			
Participation Referral Date	Initial Education Level 12			
Review Completed	Follow-up Education Level			
Review Complete Date				
Next Review Date				
Appt Date	Appt Type	Appt Letter Print Location		
Appt Begin Time (HH:MM)	:	Appt End Time (HH:MM)	:	
L Name/Appt Remarks				
Message				
13-note	14-schd	15-lett	16-amem	20-schs

UPDATE	REMARKS - REMA	REMA
		01 More
10/5/06 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215 TANF APPLICATION DATE 8/31/06 NEVER RECEIVED TANF, 0 MONTHS FORM 490 COMPLETED 8/31/06; IN CR AR IS JOB READY, GOOD WORK HISTORY, HS EDUCATION, NO BARRIERS IDENTIFIED JOB SEARCH PERIOD 9/1/06 - 9/30/06 WILL NEED TRANSPORTATION REIMBURSEMENT TO HELP WITH GAS FIRST PROGRESS REVIEW SCHEDULED FOR 9/8/06 NO REFERRALS MADE AT THIS TIME		
MESSAGE		
13-bott		

## **DOCUMENTATION STANDARDS FOR ESPR**

**All contacts regarding participation** – applicants and recipients.

**Brief notes regarding all appointments** – applicants and recipients.

### **ESPR documentation that is specific to applicants:**

- TANF application date
- TANF clock
- Form 490 and Form 491 completion date(s) – forms to be on file
- Job readiness level (brief documentation to support determination of job readiness level and changes in job readiness level. (i.e. work history, criminal background, etc.)
- Assigned applicant job search period
- Support services requested by client (Need for child care, transportation, and incidentals. Issuance to be documented at ESSS)
- Progress review for applicant job search
- All referrals to providers for other services/resources, including transitional FS and CC.
- Application outcome (approved, withdrawn, denied). If denied / withdrawn, document reason.

### **ESPR documentation that is specific to recipients:**

- TFSP reviews. If changes, enter additional documentation at ESWP.
- All referrals to providers for other services/resources, including transitional FS and CC.
- Absentee information (Also needs to be on NARR per Section 1820).

## ESAS

- Lists activities in sequential order from most recent down
- When you access a newly interviewed client, JSA will be listed if CM coded a date in the AJS field on WORK.
- Press ENTER to go to next screen

UPDATE		EMPLOYMENT SERVICES ACTIVITY SUMMARY - ESAS					ESAS	
		2401 10 05 06					01	
Client Name SUSAN		JEFFRIES			Client ID 042000164			
Prog AF	Status MP	Priority	Elig Load ID 1042		ES Load ID 1042			
Sel	Step	Activity Code	Activity Type	Activity Status	-----Actual-----		Completion	
					Begin Date	End Date	Reason	
	01	JSA	O	E	09 01 06			
				15-lett	16-amen			

## ESAD

- Not required to complete this screen
- Press enter

UPDATE		EMPLOYMENT SERVICES ASSESSMENT DATA - ESAD					ESAD	
		9991 10 05 06					01	
Client Name SUSAN		JEFFRIES			Client ID 000000164			
Prog AF	Status MP	Priority	Elig Load ID 0800		ES Load ID 0799			
Initial Assessment Date								
Most Recent Assessment Date								
Transportation Means				Driver License				
-- Education Info --			---- Substance Use Info -----			--- Arrest Info ---		
			Substance Treatment Dates			Type Description		
Highest Grade								
Message								
14-esdc		16-amen		17-esre		18-esss		

## ESWH

- Not required to complete this screen
- Press enter

UPDATE	EMPLOYMENT SERVICES WORK HISTORY - ESWH		ESWH
	1799 10 05 06		01
Client Name	SUSAN JEFFRIES	Client ID	000000164
Prog AF	Status MP	Priority	Elig Load ID 0800 ES Load ID 0799
	SSN 260 01 0001		
Employer/Sponsor		Date From/To	/ Del
Address		Tel	
City/St	Zip	Hrs/Week	Salary
Job Title	Reason for leaving		
Employer/Sponsor		Date From/To	/ Del
Address		Tel	
City/St	Zip	Hrs/Week	Salary
Job Title	Reason for leaving		
Employer/Sponsor		Date From/To	/ Del
Address		Tel	
City/St	Zip	Hrs/Week	Salary
Job Title	Reason for leaving		
Message			
	14-jtpa	16-amen	24-del

## ESSN

- Not required to complete this screen
- Press enter

UPDATE	EMPLOYMENT SERVICES SERVICE NEEDS - ESSN		ESSN
	1042 10 05 06		01
Client Name	SUSAN JEFFRIES	Client ID	042000164
Prog AF	Status MP	Priority	Elig Load ID 1042 ES Load ID 1042
Do you have any of the following needs? Dependent/child care, transportation, Work apparel/uniforms, lncensing fees, supplies/tools required for employment, vehicle repairs or car insurance?			
Disp	Service need description	Disp	Service need description
			More Details
Message			
	14-esdc	16-amen	17-esre 18-esss 24-del

**In summary, all of the information related to the applicant assessment will be documented in the case record on the Applicant Assessment Form and in SUCCESS behind ESPR.**

## ENTERING APPLICANT JOB SEARCH WORK PLAN

### ESME

- Enter "C", client ID and Program Type
- Press ENTER

```

EMPLOYMENT SERVICES SUBMENU - ESME
ESME

Selection C
Client ID XXX000164
Prog AF
As Of Date
LO

A. Assessment Update
B. Provider Referral Update
C. Participant Data Update
D. Day Care Update
E. Support Services Update
F. TANF Referral Assignment
G. FS Referral Assignment

H. Assessment Inquiry
I. Provider Referral Inquiry
J. Participant Data Inquiry
K. Day Care Inquiry
L. Support Services Inquiry
M. TANF Referral Inquiry
N. FS Referral Inquiry

Message 0019
0019 UPDATE COMPLETED SUCCESSFULLY
```

SUCCESS NOTE: ESWP can only be accessed through the Participant Data Update function. The first screen you will see will be ESPR. Most likely you already documented the REMA behind this screen when you entered the applicant assessment information.

```

01 More

10/5/06 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215
TANF APPLICATION DATE 8/31/06
NEVER RECEIVED TANF, 0 MONTHS
FORM 490 COMPLETED 8/31/06; IN CR
AR IS JOB READY, GOOD WORK HISTORY, HS EDUCATION, NO BARRIERS IDENTIFIED
JOB SEARCH PERIOD 9/1/06 - 9/30/06
WILL NEED TRANSPORTATION REIMBURSEMENT TO HELP WITH GAS
FIRST PROGRESS REVIEW SCHEDULED FOR 9/8/06
NO REFERRALS MADE AT THIS TIME
AJS WORK PLAN IS BEING COMPLETED

MESSAGE

13-bott
```



## ESWP Step 1

- JSA will have been created by the system as Step 1
- **Enter Employment Goal**
- **Enter the planned date to achieve.** This will be the date the last activity on the TFSP is to be completed.
- **Enter the number of hours AR will participate in JSA**
- **Enter services needs for JSA or "See Remarks"**
- **For "Participant Will" and "Agency Will" enter "See Remarks"**
- Press F9 to access REMA and document details about the AR job readiness level, and step

UPDATE				EMPLOYMENT SERVICES WORK PLAN - ESWP				ESWP			
				BL23 08 31 06				01 More			
Client Name SUSAN JEFFRIES				Client ID XXX000164							
Prog AF		Status MP		Priority		Elig Load ID 202M		ES Load ID 205M			
Employment Goal				<b>FULL TIME EMPLOYMENT</b>				Planned dt to achieve <b>09 30 06</b>			
Activity		Wkly									
Step	Code	Type	Hrs								
01	JSA	0	40								
Service needs				<b>SEE REMARKS</b>							
Participant will				<b>SEE REMARKS</b>							
Agency will				<b>SEE REMARKS</b>							
-- Projected Dates --				Create		--- Void Step ---					
Begin		End		Activity		Ind Reas		Date			
09 01 06		09 30 06		Y							
Message				More							
14-schd				15-lett				16-amen			
								21-alwg			
								23-prnt			

## REMA

UPDATE	REMARKS - REMA	REMA
10/5/2006 01:27 PM M.	DONNELLY 063B, 1042, FULTON, 404-657-4215	
AR is job ready and will complete AJS. TFSP signed 8/31/06, in CR		
Participant will		
* Actively seek employment by making a minimum: 12 job contacts/week.		
* Submit complete Job Search Record to Case Manager as required.		
* Register with DOL/		
* Accept any suitable job offer and notify Case Manager immediately.		
* Apply for child care assistance Y/N (Y)		
* Request any support services needed to accept or maintain		
Agency will		
* Reimburse child care costs to approved provider up to state limits.		
* Provide transportation: to and from job search ( ) OR reimburse client \$5 per day (xx ) for each day of participation.		
* Provide other support services as needed upon prior approval		
		01 More
Message		
13-bott		

## DOCUMENTATION STANDARDS FOR ESWP

- **Begin with an overview of the A/Rs job readiness level and overall plan**
- **Note: Actual screen itself is no longer consistent with current practice. For that reason, document:**
  - **Date of TFSP**(Reference form on file)
  - **List phase, long and short term goals along with supporting activities along with job readiness level.**
  - **FLSA calculation for Work Experience and Community Service** (initial calculation and each review and update of this calculation).
  - **Completion of 'Agency will ....' , 'Participant will ....' , and 'Support Services provided' fields from actual ESWP screen if there was not enough room to document this on the ESWP screen.**

### After documentation is complete

- Press Enter
- ESAS screen will display

UPDATE	EMPLOYMENT SERVICES ACTIVITY SUMMARY - ESAS						ESAS
	2401 10 05 06						01
Client Name SUSAN		JEFFRIES		Client ID 042000164			
Prog AF	Status MP	Priority	Elig Load ID 1042		ES Load ID 1042		
Sel	Step	Activity	Activity	Activity	-----Actual-----		
Completion		Code	Type	Status	Begin Date	End Date	
Reason							
<b>Y</b>	01	JSA	O	E	08 31 06		
			15-lett	16-amen			

- **Enter a "Y" next to the activity**
- **Press enter**

**ESAC screen will display**

UPDATE EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC										ESAC	
BL23 12 31 01											
Client Name SUSAN JEFFRIES					Client ID XXX000164						
Prog AF	Status MP	Priority			Elig Load ID 202M	ES Load ID 205M					
Step	Act Code	Act Type	- Status -	- Projected Dates -	-- Actual Dates --						
01	JSA	0	Stat Compl	Begin	Ends	Begin	End				
			<b>E</b>	09 01 06	09 30 06	<b>09 01 06</b>					
---- Monthly Hours ----		Activity Provider		<b>DOL</b>							
Date		Hours		Employer/Sponsor							
				Contact Person		<b>JUDY SMITH</b>					
09 04 06				Address		<b>3342 PEACHTREE ST</b>				Tel <b>404 657 9395</b>	
09 11 06				City/St		<b>ATLANTA</b>				GA Zip <b>30301</b>	
09 18 06				Health Ins		Occupation		Initial Wage			
09 25 06				First Sub Paycheck Date							
				Last Sub Paycheck Date							
				Roll over		Roll over Rate					
Message											
14-eshr			15-lett			16-amen			18-esss		

**ESAC**

- Enter "E" to enroll her in this activity
- Projected dates will carry over from ESWP
- Enter the actual begin date
- Enter the information about the Activity Provider
- Press enter to return to main menu

## ENTERING ES FAMILY ASSESSMENT DATA IN SUCCESS

Enter the assessment date, and assessment information gathered during the in-depth assessment.

### ESME

- **Select A, enter client ID, program type and press ENTER**

UPDATE EMPLOYMENT SERVICES PROFILE SCREEN - ESPR				ESPR
			2401 10 05 06	Remarks 01
Client Name SUSAN		JEFFRIES		Client ID 042000164
Prog AF	Status MP	Priority	Elig Load ID 1042	ES Load ID 1042
LEP	Load Id	1042	Exempt Reas	Age 28
Orientation Date		10 05 06	Orientation Attended	Y
Assessment Date		10 05 06	Assessment Attended	Y
AU ID		104200121		
Participation Beg Date		08 31 06	Race/Ethnicity	WHITE N
Participation Closure Date			Initial Literacy Level	
Participation Closure Reason			Followup Literacy Level	
Participation Rereferral Date			Initial Education Level	12
Review Completed			Followup Education Level	
Review Complete Date				
Next Review Date		01 03 07		
Appt Date		Appt Type	Appt Letter Print Location	
Appt Begin Time (HH:MM)	:		Appt End Time (HH:MM)	:
L Name/Appt Remarks				
Message				
13-note	14-schd	15-lett	16-amen	20-schs

### ESPR

- **Key over the assessment date previously entered**
- **Press PF9 to go to REMA**

**REMA**

- **Previously entered documentation will display**

UPDATE	REMARKS - REMA	REMA
10/5/2006 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215	AR is job ready and will complete AJS. TFSP signed 8/31/06, in CR Participant will	
	* Actively seek employment by making a minimum: 12 job contacts/week.	
	* Submit complete Job Search Record to Case Manager as required.	
	* Register with DOL/	
	* Accept any suitable job offer and notify Case Manager immediately.	
	* Apply for child care assistance Y/N (y)	
	* Request any support services needed to accept or maintain Agency will	
	* Reimburse child care costs to approved provider up to state limits.	
	* Provide transportation: to and from job search ( ) OR reimburse client \$5 per day (xx) for each day of participation.	
	* Provide other support services as needed upon prior approval	
01		<b>More Y</b>
Message		
13-bott		

- **Enter a “Y” next to More and press enter to create a blank documentation page**

10/5/06 09:10 AM M. DONNELLY 063B, 1042, FULTON, 404-657-4215
MS. JEFFRIES DID NOT FIND A JOB DURING AJS, MET THE REQUIREMENTS OF AJS INDEPTH ASM CONDUCTED 9/30/06
ALTHOUGH MS. JEFFRIES MET THE REQUIRMENTS OF AJS, SHE DID SEEM TO HAVE DIFFICULTY BEING TO INTERIVEWS ON TIME AND FOLLOWING THROUGH WITH EMPLOYERS
MS. JEFFRIES STILL APPEARS JOB READY, SHE WILL BE PLACED IN WPU AND JST WHERE SHE WILL LEARN SOME BASIC COMPUTER SKILLS.
TFSP SIGNED 9/30/06 FOR ONGOING ACTIVITIES, IN CR.
MESSAGE
13-bott

**REMA**

- **Enter a brief note about the appointment, i.e. “In-depth assessment conducted xx/xx/xxxx.**
- **Enter information gathered during the in-depth assessment.**
- **If the A/R’s job readiness level seems different due to failure to find a job during applicant services or due to additional information gathered, enter the new job readiness level and documentation here.**

No further screens required for assessment, page through until you are back at ESME.

## ENTERING ONGOING WORK PLAN ON SUCCESS ESME

- Enter "C", client ID and Program Type
- Press ENTER

```

EMPLOYMENT SERVICES SUBMENU - ESME                                     ESME

Selection C
Client ID 976002471
Prog AF
As Of Date
LO

A. Assessment Update
B. Provider Referral Update
C. Participant Data Update
D. Day Care Update
E. Support Services Update
F. TANF Referral Assignment
G. FS Referral Assignment
H. Assessment Inquiry
I. Provider Referral Inquiry
J. Participant Data Inquiry
K. Day Care Inquiry
L. Support Services Inquiry
M. TANF Referral Inquiry
N. FS Referral Inquiry

Message 0019
0019 UPDATE COMPLETED SUCCESSFULLY
  
```

SUCCESS NOTE: ESWP can only be accessed through the Participant Data Update function.

### ESWP Step 2

```

UPDATE      EMPLOYMENT SERVICES WORK PLAN - ESWP      ESWP
              BL23 08 31 06                          01 More

Client Name SUSAN JEFFRIES      Client ID XXX000164
Prog AF    Status MP    Priority Elig Load ID 202M    ES Load ID 205M

Employment Goal FULL TIME EMPLOYMENT    Planned dt to achieve 10 31 06
      Activity Wkly
Step Code Type Hrs
01   JSA    0

Service needs    SEE REMARKS
Participant will SEE REMARKS
Agency will     SEE REMARKS

-- Projected Dates --      Create      --- Void Step ---
  Begin      End      Activity      Ind Reas      Date
  09 01 06   09 30 06      y
                                           More Y

Message
14-schd      15-lett      16-amen      21-al wg      23-prnt
  
```

- On ESWP Step 01, key over the planned date to achieve
- Enter a "Y" in the more field

UPDATE	EMPLOYMENT SERVICES WORK PLAN - ESWP		ESWP	01 More
BL23 08 31 06				
Client Name SUSAN JEFFRIES		Client ID XXX000164		
Prog AF	Status MP	Priority	Elig Load ID 202M	ES Load ID 205M
Employment Goal		FULL TIME EMPLOYMENT		
Planned dt to achieve		10 31 06		
Step	Activity Code Type	Wkly Hrs		
02	WPU	19		
Service needs				
Participant will		SEE REMARKS		
Agency will		SEE REMARKS		
-- Projected Dates --		Create Activity	--- Void Step ---	
Begin	End	Ind	Reas	Date
10 01 06	10 31 06	Y		
Message				
More				
14-schd	15-lett	16-amen	21-al wg	23-prnt

- On the blank ESWP screen **enter the next step number**, this must be a two digit number
- **Enter the activity code**, codes can be accessed by pressing "F1"
- SUCCESS will enter the activity type, P=primary (Core), S=secondary(Non-core) or O=other
- **Enter the number of weekly hours the client will participate in this activity**
- **Enter projected begin and end dates for this activity**, from the TFSP
- **If the client will immediately begin this activity, enter "Y" to create the activity**
- **Thoroughly document on REMA (PF9)**

UPDATE	REMARKS - REMA	REMA
9/30/2006 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215		
AR is job ready and will complete AJS.		
Participant will		
* Actively seek employment by making a minimum: 12 job contacts/week.		
* Submit complete Job Search Record to Case Manager as required.		
* Register with DOL/		
* Accept any suitable job offer and notify Case Manager immediately.		
* Apply for child care assistance Y/N ( y )		
* Request any support services needed to accept or maintain		
Agency will		
* Reimburse child care costs to approved provider up to state limits.		
* Provide transportation: to and from job search ( ) OR reimburse client \$5 per day (xx ) for each day of participation.		
*Provide other support services as needed upon prior approval		
01 More Y		
Message		
13-bott		

## REMA

- **Review previous documentation**

- Enter "Y" in More field and press ENTER

UPDATE	REMARKS - REMA	REMA
9/30/2006 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215		
AR did not find a job during AJS. Ongoing TFSP developed includes work experience and some job skills training. AR still appears to be job ready, it may just take a little extra time for her to find employment. Assignment to WPU will allow the site supervisor to observe work habits and note any deficiencies and develop some computer skills.		
Step 02 -- Work Experience		
Participant will		
* Arrive on time		
* Complete: 19 hours per week at work site on each scheduled workday.		
* Submit monthly attendance record to Case Manager.		
* Receive satisfactory job rating from work site supervisor each month.		
* Meet with case manager for progress review as requested.		
* Apply for child care assistance Y/N (n ).		
Agency will		
* Reimburse child care costs to approved provider up to state limits.		
* Provide transportation: to and from work site ( ) OR reimburse client \$5 per day ( x ) for each day attended.		
* Provide other support services as needed upon prior approval		
	TANF Allotment	\$235 / \$7.25 = <u>32.41</u>
	+FS Allotment	\$323 / \$7.25 = <u>44.55</u>
Maximum hours for work experience activity for the month will be : <u>76.96</u>		
01 More		
Message		
13-bott		

- Enter documentation related to end of AJS and new step being created.

- Press enter, ESAC will display:

- UPDATE EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC ESAC

BL23 12 31 01									
Client Name SUSAN JEFFRIES				Client ID XXX000164					
Prog	AF	Status	MP	Priority	Elig	Load	ID	202M	ES Load ID 205M
Step	Act Code	Act Type	- Status -	- Projected Dates -	-- Actual Dates --				
02	WPU	0	E	10 01 06	10 31 06	10 01 06			
---- Monthly Hours ---- Activity Provider									
Date		Hours	Employer/Sponsor		DFCS Office				
			Contact Person						
			Address		Tel				
			City/St		Zip				
09 04 06			Health Ins		Occupation		Initial Wage		
09 11 06			First Sub Paycheck Date						
09 18 06			Last Sub Paycheck Date						
09 25 06			Rollover		Rollover Rate				
Message									
14-eshr		15-lett		16-amen		18-esss			

## ESAC

- Enter "E" for enroll
- Enter actual begin date
- Enter employer/sponsor information



- Press enter, ESWP will display

### **Repeat this process for each step.**

- Enter employment as the last step but do not create the activity yet.
- When all steps have been entered, press enter and ESAS will display.
- Note which activities are open and **close any activities that are completed such as Applicant Job Search (AJS). See page 25.**

**WORK ACTIVITIES CHART WITH SUCCESS CODING INFORMATION**

<b>Activity</b>	<b>SUCCESS Code</b>	<b>Designation</b>	<b>Countable?</b>
Unsubsidized employment	EPR OR EPU	Core	Yes
Unsubsidized self-employment	EPR	Core	Yes
Subsidized employment	SPR OR SPU	Core	Yes
Work experience	WPU	Core	Yes
Secondary school attendance such as high school (participant under age 20)	SED	Core	Yes
On-the-job training	OJT	Core	Yes
Job search (up to 4 weeks, with an additional 2 weeks during the same federal fiscal year)	JSI	Core	Yes
Job readiness training (in conjunction with job search) *Not entered as a separate activity from job search	*	Core	Yes
Community service programs	CSV	Core	Yes
Course of study leading to GED ( participant under age 20)	GED	Core	Yes
Vocational education (1-12 months)	VOC	Core	Yes
Job skills training directly related to employment (Countable if client is already participating in core activities for at least 20 hours per week and shows good or satisfactory progress.)	JST	Non-Core	Yes
Education related to employment (Countable if client is already participating in core activities for at least 20 hours per week and shows good or satisfactory progress.)	EEO	Non-Core	Yes

Secondary school attendance or GED classes ( participant is age 20 and above) <b>(Countable if client is already participating in core activities for at least 20 hours per week and shows good or satisfactory progress.)</b>	GOA	Non-Core	Yes
Job search and/or job readiness training (after 6-week limit is reached)	JSC	Other	No
Vocational education (after 12-month limit is reached)	VOL	Other	No
ESL classes	ESL	Non-Core	Yes
Job readiness training independent from countable job search	JRE	Other	No
College (after 12 months)	COL	Other	No
Assessments	ASM	Other	No
Mental health counseling/treatment	*MHT for 6 weeks, then MHI	Core	Yes for 6 weeks
Addictive disorders counseling/treatment	*SAT for 6 weeks, then SAI	Core	Yes for 6 weeks
Life skills training	*LST for 6 weeks, then LIF	Core	Yes for 6 weeks
Parenting skills training	PAR	Other	No

## CLOSING AN ACTIVITY

- Document behind ESPR the action and reason for closure
- From ESAS, enter "Y" next to the activity and press enter to access ESAC

UPDATE		EMPLOYMENT SERVICES ACTIVITY SUMMARY - ESAS				ESAS	
		2401 10 05 06				01	
Client Name SUSAN		JEFFRIES		Client ID 042000164			
Prog AF	Status MP	Priority	Elig Load ID 1042		ES Load ID 1042		
Sel	Step	Activity	Activity	Activity	-----Actual-----		
Completion		Code	Type	Status	Begin Date	End Date	
Reason							
	<b>Y</b>	01	JSA	O	E	08 31 06	
				15-lett	16-amen		

UPDATE		EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC				ESAC	
		BL23 12 31 06					
Client Name SUSAN		JEFFRIES		Client ID XXX000164			
Prog AF	Status MP	Priority	Elig Load ID 202M		ES Load ID 205M		
Step	Act Code	Act Type	- Status -	- Projected Dates -	-- Actual Dates --		
01	JSA	0	<b>C</b>	<b>ATT</b>	Begin	Ends	Begin End
					08 31 06	08 31 06	08 31 06 <b>09 30 06</b>
---- Monthly Hours ----		Activity Provider dol					
Date	Hours	Employer/Sponsor					
		Contact Person JUDY SMITH					
		Address 3342 PEACHTREE ST Tel 404 657 9395					
03 05 02	<b>0</b>	City/St ATLANTA GA Zip 30301					
03 12 02	<b>0</b>						
03 19 02	<b>0</b>	Health Ins Occupation Initial Wage					
03 26 02	<b>0</b>	First Sub Paycheck Date					
		Last Sub Paycheck Date					
		Rollover Rollover Rate					
Message							
14-eshr		15-lett		16-amen		18-esss	

- Under Status, enter "C"
- For the completion code, enter "ATT"
- Enter the actual end date
- Press Enter until you reach the menu
- To make sure the activity closed, go back in the case to ESAS and you will see the end date and reason

## ENTERING SUPPORT SERVICES ON SUCCESS

### ESME

Selection	E
Client ID	976002471
Prog	AF
As Of Date	
LO	

A. Assessment Update	H. Assessment Inquiry
B. Provider Referral Update	I. Provider Referral Inquiry
C. Participant Data Update	J. Participant Data Inquiry
D. Day Care Update	K. Day Care Inquiry
E. <b>Support Services Update</b>	L. Support Services Inquiry
F. TANF Referral Assignment	M. TANF Referral Inquiry
G. FS Referral Assignment	N. FS Referral Inquiry

Message 0019  
0019 UPDATE COMPLETED SUCCESSFULLY

- Select "E", enter Client ID and program type

**ESSS**

UPDATE		EMPLOYMENT SERVICES SUPPORT SERVICES - ESSS		Remarks		ESSS	
		AUTO 0 0 18				01	
Client Name SUSAN JEFFRIES				Client ID XXX000164 Prog AF			
Sel	Expense Type	Service Month	Amt Auth	UAS Code	Ent Code	Life Limit	Ven Del
	TR	09 2006	100.00	527	46		
20 days of AJS x \$5.00/day = \$100.00							
							More
Message							
		14-esvd		16-amen		24-del	

- **Enter expense type, TR or SS** (Use SS for EIS/TSS/WSP)
- **Enter the month for which you are paying the expense**
- **Enter the amount to pay**
- **Enter the UAS code, use 527** for anything other than the rare occasion when you pay a child care cost from TANF support service money. (For EIS, TSS, and WSP make a print of this screen, cross out 527 and write **528** on the print, then batch.)
- **Enter the Entitlement code**
  - 46, applicant transportation
  - 66, applicant incidentals
  - 16, recipient transportation
  - 26, recipient incidentals
  - 36, TSS recipient
  - 55, TSS applicant
  - 59, EIS
  - 69, WSP
- **Press F9 to access REMA**

**REMA**

UPDATE	REMARKS - REMA	REMA
9/30/2006 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215	Paying transportation reimbursement for 20 days of AJS verified by job search contacts and attendance sheet from DOL workshop.	
Message		01 More Y
13-bott		

**Documentation Standards for ESSS**

- **Type of support services needed**
- **Document when expenditure exhausted for a support service for the participation period**
- **Payment of TSS, EIS, and WSP**
- **Verification method for payment of SS**
- **Tracking of EIS, TSS and WSP months**

## PAYING SUPPORT SERVICES TO A VENDOR

### ESSS:

- Enter a "Y" next to the support service to pay to the vendor

UPDATE EMPLOYMENT SERVICES SUPPORT SERVICES - ESSS									
								Remarks	ESSS
								01	
Client Name VIOLET				VANZANDT		Client ID 976002471		Prog AF	
Sel	Expense	Service	Amt	UAS	Ent	Life	Ven	Del	
	Type	Month	Auth	Code	Code	Limit			
Y	SS	01 2002	120.00	527	26				
CAR BATTERY									
Message									
More									
14-esvd 16-amen 24-del									

- Press PF14 (shift F2) for payments directly to vendor

### ESVD

UPDATE ES SUPPORT SERVICES VENDOR PAYMENT - ESVD					
AUTO 1Y					
ESSS					
Client Name VIOLET		VANZANDT		Client ID 976002471	
				Prog AF	
Expense	-----	Service-----	Amt	UAS	Ent
Type		Month	Auth	Code	Code
SS		01 2002	120.00	527	26
Vendor Type	800	Vendor Number	?		
Vendor Name	A				
Organization					
Address					
City/State/Zip					
Message 0013					
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"					
16-vnl s					

- Enter Vendor Type 800 and first letter in name (for example, A for A&M Auto)
- Press PF16 (shift F4) to access VNLS



## VNLS

- Write down the vendor ID # for A&M Auto or copy it so it can be pasted on ESVD.

INQUIRY		VENDOR NAME LIST - VNLS		VNLS
Sel	Vendor ID	Type	Vendor Name	01 MORE
	<b>613371294</b>	<b>800</b>	<b>A &amp; M AUTO</b>	
	790634471	800	A & M SERVICE CENTER	
	428471566	800	A & W AUTOMOTIVE	
	200725182	800	A AMERICAN INSURANCE AGENCY	
	170049529	800	A B AUTO SERVICE	
	031692045	800	A CUT ABOVE	
	197699695	800	A INSURANCE	
	791218226	800	A ONE STOP INSURANCE AGENCY, INC	
	794519619	800	A PLUS TRANSMISSIONS	
	013076539	800	A SANDMAN INSURANCE AGENCY	
	386174299	800	A TO Z UNI FORM SHOP	
	662242975	800	A TO Z UNI FORM SHOP	
	480114010	800	A UNI FORM & SHOE WORLD	
	201662356	800	A UNI FORM AND SHOE WORLD	
	699855120	800	A WEST COBB INSURANCE SERVICES	
	877310973	800	A&A GOODYEAR	

Message

- Press ENTER to return to ESVD

## ESVD

- Enter Vendor Type (800) and Vendor Number (you can copy and paste this from the VLNS screen)

UPDATE		ES SUPPORT SERVICES VENDOR PAYMENT - ESVD		ESVD	
		AUTO	1Y		
Client Name	VIOLET	VANZANDT		Client ID	976002471 Prog AF
Expense Type	-----Service-----	Amt	UAS	Ent	
SS	01 2002	120.00	527	26	
Vendor Type	<b>800</b>	Vendor Number	<b>613371294</b>		
Vendor Name					
Organization					
Address					
City/State/Zip					
Message 0021 0013					
0021 CANCELLATION COMPLETED SUCCESSFULLY					
16-vnls					

- Press ENTER to return to ESSS

## **RECORD NON-COOPERATION**

### **ESME**

- **Select "C", enter client ID, program type and press ENTER**

### **ESPR - no entries are needed**

UPDATE	EMPLOYMENT SERVICES PROFILE SCREEN - ESPR	ESPR
	7991 08 31 06	01
Client Name	SUSAN JEFFRIES	Client ID 748000164
Prog AF	Status MP	Priority
	Elig Load ID 1748	ES Load ID 1748
LEP	Load Id 1748	Exempt Reas
Orientation Date	09 01 06	Orientation Attended y
Assessment Date	10 01 06	Assessment Attended y
AU ID	174800121	
Participation Beg Date	08 31 06	Race/Ethnicity WHITE N
Participation Closure Date		Initial Literacy Level
Participation Closure Reason		Followup Literacy Level
Participation Rereferral Date		Initial Education Level 12
Review Completed		Followup Education Level
Review Complete Date		
Next Review Date		
Appt Date	Appt Type	Appt Letter Print Location
Appt Begin Time (HH:MM)		Appt End Time (HH:MM)
L Name/Appt Remarks		
Message		
13-note	14-schd	15-lett
16-amen	20-schs	

- **PF9 - REMA Enter appropriate remarks**

UPDATE	REMARKS - REMA	REMA
		01
2/20/2008 09:10 AM PBARTON, 123, CL777, RICHMOND,706-868-0000		
MS JEFFRIES FAILED TO REPORT TO WORK EXPERIENCE SITE ON 10/05/06. FORM 190		
MAILED TO SCHEDULE CONCILIATION APPT. FOR 10/12 AT 9:00 AM.		

- **Fast Path to ESAS**

## ESAS

- Put a "Y" by WPU and press ENTER

UPDATE	EMPLOYMENT SERVICES ACTIVITY SUMMARY - ESAS		ESAS
	8591 10 05 06	01	
Client Name SUSAN      JEFFRIES      Client ID 758000164			
Prog AF   Status MP   Priority      Elig Load ID 1758   ES Load ID 1758			
Sel	Step	Activity	Activity      -----Actual-----      Completion
	Code	Type	Status      Begin Date      End Date      Reason
	03	JSI	P      E      10 01 06
Y	02	WPU	P      E      10 01 06
	01	JSA	O      E      08 31 06
15-lett      16-amen			

## ESAC

UPDATE	EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC		ESAC
	8491 10 05 06	Remarks	
Client Name SUSAN      JEFFRIES      Client ID 748000164			
Prog AF   Status MP   Priority      Elig Load ID 1748   ES Load ID 1748			
Step	Act	Act	- Status -      -Projected Dates-      -- Actual Dates --
	Code	Type	Stat Compl      Begin      Ends      Begin      End
3	WPU	P	E      08 01 06      09 30 06      10 01 06
---- Monthly Hours ----      Activity Provider			
Employer/Sponsor      DFCS			
Date	Hours	Contact Person	
		Address	Tel
09 04 06	0	City/St	Zip
09 11 06	0		
09 18 06	0	Health Ins      Occupation	Initial Wage
09 25 06	0	First Sub Paycheck Date	
		Last Sub Paycheck Date	
		Rollover	Rollover Rate
Message			

- PF 9 to add remarks: Client failed to attend WPU on 10/5/06. Conciliation appt. scheduled for 10/12/06. See ESNO.
- Press ENTER until you get to ESNO

## ESNO

UPDATE		EMPLOYMENT SERVICES NON-COOPERATION DATA		ESNO	
		BL23 01 02 02		01	
Client Name	SUSAN	JEFFRIES	Client ID 747000164		
Prog AF	Status MP	Priority	Elig Load ID 202M	ES Load ID 205M	
Del					
		Non-Cooperation Type	<b>DNRS</b>		
		Non-Cooperation Date	<b>10/05/06</b>		
		Conciliation Appointment	<b>10/12/06</b>		
		Conciliation			
		Referred for Sanction			
		Sanction Begin Date			
		Sanctioned Number/Offenses			
		Sanctioned			
		Compliance Referral Date			
		Compliance/Cure			
		More			
Message					
15-I ett		16-amen		22-al wg	
				24-del	

- Enter non-cooperation type, date and conciliation appointment date
- Document thoroughly on REMA (PF9)

## REMA

UPDATE	REMARKS - REMA	REMA
9/30/2006 01:27 PM M.	DONNELLY 063B, 1042, FULTON, 404-657-4215	
TC from work site supervisor indicates AR did not come in for WPU today, did not call; conciliation appointment scheduled for 10/12/06 at 9:00 am.		
		01 More
Message		
13-bott		

## DOCUMENTATION STANDARDS FOR ESNO

- Failure to meet a program requirement
- If conciliation appt. kept. Closure date if not kept.
- Result of conciliation.
- Soc. Services notified.
- Date of panel review for 12 month closure sanction.

## RECORD SUCCESSFUL CONCILIATION

### ESME

- Select "C", enter Client ID and program type, press ENTER
- Fast path from ESPR to ESNO

### ESNO

- Enter "Y" in conciliation to indicate successful conciliation
- Document on REMA (PF9)

UPDATE	EMPLOYMENT SERVICES NON-COOPERATION DATA	ESNO
	BL23 01 02 02	01
Client Name SUSAN	JEFFRIES	Client ID 747000164
Prog AF Status MP	Priority	Elig Load ID 202M ES Load ID 205M
Del		
	Non-Cooperation Type	DNRS
	Non-Cooperation Date	10 05 06
	Conciliation Appointment	10 12 06
	Conciliation	Y
	Referred for Sanction	
	Sanction Begin Date	
	Sanctioned Number/Offenses	
	Sanctioned	
	Compliance Referral Date	
	Compliance/Cure	
		More
Message		
15-I ett	16-amen	22-al wg
		24-del

### REMA

- Enter appropriate documentation (see chart on next page)
- Review ESNO ADT
- Press Enter to return to ESME

## CODING ON ESNO

IF	THEN
Good Cause	Nothing else will be coded on ESNO, just document the appointment and results on REMA.  <b>*See note below</b>
Conciliated Material Violation	Type, date, appointment, and "Y" for conciliation will be coded on ESNO  Details will be documented on REMA or the ES Non-cooperation ADT.
Applying Sanction	Type, date, appointment, "N" for conciliation and "referred for sanction" date will be coded on ESNO  Details will be documented on REMA or the ES Non-cooperation ADT.

**\*Note:** If you entered a "Y" in the conciliation field and need to remove it, re-key over non-cooperation type, non-cooperation date, conciliation appointment date, and then delete the "y."

## COMPLETE A REVIEW

### ESME

- Select "C", enter client ID, program type and press ENTER

### ESPR with review complete

- Enter "Y" in Review Completed field and date in Review Completed Date field.

UPDATE	EMPLOYMENT SERVICES PROFILE SCREEN - ESPR				ESPR
	8491	10 05 06	Remarks	01	
Client Name	SUSAN	JEFFRIES	Client ID	748000164	
Prog AF	Status MP	Priority	Elig Load ID 1748	ES Load ID 1748	
LEP	Load Id	1748	Exempt Reas	Age 28	
Orientation Date	09 01 06	Orientation Attended	Y		
Assessment Date	10 05 06	Assessment Attended	Y		
AU ID	174800121				
Participation Beg Date	08 31 06	Race/Ethnicity	WHITE	N	
Participation Closure Date	Initial Literacy Level				
Participation Closure Reason	Followup Literacy Level				
Participation Rereferral Date	Initial Education Level 12				
Review Completed	Y	Followup Education Level			
Review Complete Date	10 05 06				
Next Review Date					
Appt Date	Appt Type	Appt Letter Print Location			
Appt Begin Time (HH:MM)			Appt End Time (HH:MM)		
L Name/Appt Remarks					
Message					
13-note	14-schd	15-lett	16-amen	20-schs	

### REMA

- Enter appropriate documentation: *Ms. Jeffries kept the progress review appt. on 10/5/06. She will continue with the work experience activity for 19 hours per week and will begin job skills training at DOL on 11/1/06 for 20 hours per week. TFSP updated and signed copy on file in CR.*
- Press ENTER until you return to ESME

## KEY HOURS

### ESME

- Enter "C", client ID, and AF, press enter
- Fast path to ESAS

### ESAS

- Enter "Y" in SEL field next to activity and press Enter
- Enter "Y" in SEL field next to activity and press Enter

UPDATE		EMPLOYMENT SERVICES ACTIVITY SUMMARY - ESAS				ESAS	
		8591 10 05 06		01			
Client Name SUSAN		JEFFRIES		Client ID 758000164			
Prog AF	Status MP	Priority	Elig Load ID 1758	ES Load ID 1758			
Sel	Step	Activity	Activity	Activity	-----Actual-----	Completion	
		Code	Type	Status	Begin Date	End Date	Reason
	03	JSI	P	E	10 01 06		
Y	02	WPU	P	E	10 01 06		
	01	JSA	O	E	08 31 06		
15-lett		16-amen					

### ESAC

UPDATE		EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC				ESAC	
		BL23 12 31 01					
Client Name SUSAN		JEFFRIES		Client ID XXX000001			
Prog AF	Status MP	Priority	Elig Load ID 1799	ES Load ID 1799			
Step	Act Code	Act Type	- Status -	-Projected Dates-	-- Actual Dates --		
5	WPU	P	E	Begin Ends	Begin	End	
				06 01 06 06 30 06	06 01 06		
---- Monthly Hours ----		Activity Provider					
Date	Hours	Employer/Sponsor DFCS					
		Contact Person					
		Address					
		City/St					
		Tel					
		Zip					
		Health Ins Occupation					
		Initial Wage					
		First Sub Paycheck Date					
		Last Sub Paycheck Date					
		Rollover Rollover Rate					
Message							
14-eshr		15-lett		16-amen		18-esss	

- Enter hours for each week
- PF9 to access REMA



**REMA**

UPDATE	REMARKS - REMA	REMA	01 More
10/5/06 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215			
Attendance sheets received and in CR verify hours for WPU as totaling 76 hours for the month, the maximum allowed under FLSA. Ms. Jeffries also totaled 80 hours for the month doing job skills training. The core and the non-core hours exceeded the 120 hours per month expectation so client will meet participation requirements for the month. Will key actual weekly hours for WPU and actual weekly hours for JST.			
MESSAGE			
13-bott			

**DOCUMENTATION STANDARDS FOR ESAC:**

- All information related to referral, enrollment, participation, and progress in an activity.
- Contacts related to participants progress in activity.
- Application of deemed meeting policy.
- Receipt of attendance records or job search logs.
- Receipt of class schedule/copy of diploma/other school information.
- Information regarding non-compliance reason and if good cause granted.
- If activity temporarily delayed or interrupted for good cause, document dates and reason participation is excused.
- Negotiation/monitoring of sponsor agreements.
- Explanation when hours entered does not reflect actual hours of participation due to deemed meeting criteria or other reasons (i.e. school breaks, site closures, excused absences).

## EXAMPLES OF KEYING HOURS AND DOCUMENTATION

### Example 1:

Ms. A is 22 years old. She participates in work experience and GED; she does not have a child under 6. She is scheduled to attend work experience 22 hours per week, the maximum allowed by her FLSA, and GED classes 10 hours per week. Hours for March:

	Work experience	GED
3/5	21	10
3/12	19	12
3/19	20	9
3/26	20	10

Her work experience hours average 20 per week. We can use ALL her hours, core and non-core, to meet the participation requirement.

21+19+20+20+10+12+9+10=121, since this is a 4 week month, she meets.

UPDATE		EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC		ESAC	
		BL23 12 31 01			
Client Name VIOLET		VANZANDT		Client ID 976002471	
Prog AF	Status MP	Priority	Elig Load ID 202M	ES Load ID 205M	
Step	Act Code	Act Type	- Status -	-Projected Dates-	-- Actual Dates --
01	WPU	P	Stat Compl E	Begin 02 01 07 Ends 04 01 07	Begin 02 01 07 End
---- Monthly Hours ----					
Date	Hours	Activity Provider PEACHTREE TECH			
03 05 07	21	Employer/Sponsor			
03 12 07	19	Contact Person JUDY SMITH			
03 19 07	20	Address 3342 PEACHTREE ST			
03 26 07	20	City/St ATLANTA GA Zip 30301			
		Health Ins	Occupation	Initial Wage	
		First Sub Paycheck Date			
		Last Sub Paycheck Date			
		Rollover Rollover Rate			
Message					
14-eshr		15-lett		16-amen 18-esss	

UPDATE		EMPLOYMENT SERVICES ACTIVITY SCREEN - ESAC		ESAC	
		BL23 12 31 01			
Client Name VIOLET		VANZANDT		Client ID 976002471	
Prog AF	Status MP	Priority	Elig Load ID 202M	ES Load ID 205M	
Step	Act Code	Act Type	- Status -	-Projected Dates-	-- Actual Dates --
01	GOA	P	Stat Compl E	Begin 02 01 07 Ends 04 01 07	Begin 02 01 07 End
---- Monthly Hours ----					
Date	Hours	Activity Provider PEACHTREE TECH			
03 05 07	10	Employer/Sponsor			
03 12 07	12	Contact Person JUDY SMITH			
03 19 07	9	Address 3342 PEACHTREE ST			
03 26 07	10	City/St ATLANTA GA Zip 30301			
		Health Ins	Occupation	Initial Wage	
		First Sub Paycheck Date			
		Last Sub Paycheck Date			
		Rollover Rollover Rate			
Message					
14-eshr		15-lett		16-amen 18-esss	

**SUCCESS Desk Guide**  
**Employment Services PG**

**July 9, 2009**

UPDATE	REMARKS - REMA	REMA	01 More
4/5/07 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215			
Attendance sheets received and in CR verify hours for WPU and GOA. Keying hours indicated on the attendance sheets.			
MESSAGE			
13-bott			

**Example 2:**

Ms. V is 24 years old. She participates in work experience and GED; she does not have a child under 6. She is scheduled to attend work experience 22 hours per week, the maximum allowed by her FLSA, and GED classes 10 hours per week. Hours for March:

	Work experience	GED
3/5	21	10
3/12	17	12
3/19	20	9
3/26	20	10

She was sick on 3/12 and had to leave her work site early. This is counted as an excused absence.

With the excused absence, her work experience hours average 20 per week. We can use ALL her hours, core and non-core, to meet the participation requirement.

$21+22+20+20+10+12+9+10=121$ , since this is a 4 week month, she meets.

UPDATE		EMPLOYMENT SERVICES		ACTIVITY SCREEN - ESAC		ESAC	
		BL23 12 31 01					
Client Name	VIOLET	Prior	VANZANDT	Client ID	976002471		
Prog AF	Status MP	Prior		Elig Load ID	202M	ES Load ID	205M
Step	Act Code	Act Type	- Status -	-Projected Dates-		-- Actual Dates --	
01	WPU	P	E	Begin Ends	02 01 07 04 01 07	Begin End	02 01 07
---- Monthly Hours ---- Activity Provider PEACHTREE TECH Date Hours Employer/Sponsor Contact Person JUDY SMITH Address 3342 PEACHTREE ST Tel 404 657 9395 City/St ATLANTA GA Zip 30301							
03 05 07	21	Health Ins		Occupation	Initial Wage		
03 12 07	22	First Sub Paycheck Date					
03 19 07	20	Last Sub Paycheck Date					
03 26 07	20	Rollover		Rollover Rate			
Message							
14-eshr		15-lett		16-amen		18-esss	

UPDATE		EMPLOYMENT SERVICES		ACTIVITY SCREEN - ESAC		ESAC	
		BL23 12 31 01					
Client Name	VIOLET	Prior	VANZANDT	Client ID	976002471		
Prog AF	Status MP	Prior		Elig Load ID	202M	ES Load ID	205M
Step	Act Code	Act Type	- Status -	-Projected Dates-		-- Actual Dates --	
01	GOA	P	E	Begin Ends	02 01 07 04 01 07	Begin End	02 01 07
---- Monthly Hours ---- Activity Provider PEACHTREE TECH Date Hours Employer/Sponsor Contact Person JUDY SMITH Address 3342 PEACHTREE ST Tel 404 657 9395 City/St ATLANTA GA Zip 30301							
03 05 07	10	Health Ins		Occupation	Initial Wage		
03 12 07	12	First Sub Paycheck Date					
03 19 07	9	Last Sub Paycheck Date					
03 26 07	10	Rollover		Rollover Rate			
Message							
14-eshr		15-lett		16-amen		18-esss	

UPDATE	REMARKS - REMA	REMA	01 More
4/5/07 01:27 PM M. DONNELLY 063B, 1042, FULTON, 404-657-4215			
Attendance sheets received and in CR verify hours for WPU and GOA.			
Keying hours indicated on the attendance sheets EXCEPT for the week of 3/12/07 in WPU.			
Attendance sheet shows 17 hours, but AR and site coordinator indicated that AR left early Monday, 3/12, because she was sick.			
This will be counted as an excused absence and the hours included.			
22 hours keyed for the week of 3/12.			
MESSAGE			
13-bott			

## SANCTIONING AN ES PARTICIPANT

### ESME

- Select "C", enter client ID and program type, press ENTER
- Fast path to ESNO from ESPR
- If you need a new ESNO screen, enter a "Y" in the more field and press enter

### ESNO

- Enter "N" to indicate there is no conciliation for the infraction, enter referred for sanction date.

UPDATE	EMPLOYMENT SERVICES NON-COOPERATION DATA	ESNO
	BL23 01 02 02	01
Client Name SUSAN	JEFFRIES	Client ID 747000164
Prog AF Status MP	Priority	Elig Load ID 202M ES Load ID 205M
Del		
	Non-Cooperation Type	DNRS
	Non-Cooperation Date	10 05 06
	Conciliation Appointment	10 05 06
	Conciliation	N
	Referred for Sanction	10 05 06
	Sanction Begin Date	
	Sanctioned Number/Offenses	
	Sanctioned	
	Compliance Referral Date	
	Compliance/Cure	
		More
Message		
15-lett	16-amen	22-al wg
		24-del

### REMA

- Enter appropriate documentation
- Review ESNO ADTs
- Press ENTER to until you return to ESME

## CLOSING A CASE

### ESME

- Select "C", enter client ID and program type, press ENTER

### ESPR

- Enter participation closure date
- Enter participation closure reason
- PF 9 and document date and reason for closure and TSS / WSP that will be paid upon closure, if any.

UPDATE	EMPLOYMENT SERVICES PROFILE SCREEN - ESPR				ESPR
	8491	10 05 06	Remarks	01	
Client Name	SUSAN	JEFFRIES	Client ID	748000164	
Prog AF	Status MP	Priority	Elig Load ID	1748	ES Load ID 1748
LEP	Load Id	1748	Exempt Reas	Age	28
Orientation Date	09 01 06	Orientation Attended	Y		
Assessment Date	10 05 06	Assessment Attended	Y		
AU ID	174800121				
Participation Beg Date	08 31 06	Race/Ethnicity	WHITE	N	
Participation Closure Date	10 01 06	Initial Literacy Level			
Participation Closure Reason	emp	Followup Literacy Level			
Participation Rereferral Date		Initial Education Level	12		
Review Completed	Y	Followup Education Level			
Review Complete Date	10 05 06				
Next Review Date	01 03 07				
Appt Date	Appt Type	Appt Letter	Print Location		
Appt Begin Time (HH:MM)	Appt End Time (HH:MM)				
L Name/Appt Remarks					
Message					
13-note	14-schd	15-lett	16-amen	20-schs	